Care Quality Commission

Community Integrated Care

Grange Park Avenue

Inspection report

18 Grange Park Avenue
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The unannounced inspection took place on 16 March 2015. We last inspected the service on 28 October 2013. At that inspection we found the service was meeting all the regulations we inspected.

Grange Park Avenue provides accommodation with personal care and support for up to three people with learning disabilities. At the time of our inspection three people were living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Relatives told us they were confident their family member lived in a safe environment.

People lived in a clean, tidy and homely environment, with bedrooms tailored to people's specific needs, likes and dislikes.

Summary of findings

People received their medicines appropriately. Staff at the service were trained to administer medicines to people safely and securely.

Staff had a good understanding of safeguarding procedures. They also knew how to report any concerns they had and whistleblowing procedures were also in place and understood.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. The registered manager was also in discussion with the local authority with regards to DoLS applications.

Relatives and staff all told us they felt there were enough staff to meet people's needs. The registered manager monitored staffing levels to ensure enough trained staff were available at all times. The provider had systems in place for the safe recruitment of all staff at the home, including security checks. The registered manager had a programme of staff training, supervision and appraisal in place and monitored this to ensure all staff were kept up to date with any training needs and support. However, we found shortfalls in staff appraisals and some elements of staff training.

Maintenance work was completed as required. The provider also had emergency procedures in place for staff to follow and staff knew how to access this information and how to use it.

People told us they enjoyed the food prepared at the service. We found people received a range of nutritious meals and refreshments throughout the day.

People were respected and treated with dignity, compassion, warmth and kindness. People and their relatives we spoke with highlighted the quality of care provided by staff at the home. One person told us, "Staff are canny, they look after me."

People were treated as individuals and their care needs were monitored so any changes were identified and procedures put in place to address that change. People's records were regularly reviewed and discussed with the person where possible, and their relatives. Best interest decisions had been made where necessary.

People were involved in a range of activities outside of the service and chose what they wanted to participate in, including holidays.

Information on how to make a complaint was available to people at the service and to relatives and visitors alike. Any complaints had been dealt with effectively.

People were regularly asked their views on the service and about their care, both verbally and in pictorial format. Relatives confirmed they were asked their views, during visits or reviews of care. One person confirmed they had completed a review when showed the form. A relative told us, "Staff are always asking our views."

The staff, registered manager and the regional manager monitored the quality of the service through a wide variety of audits and checks within the home. When an issue had been identified the registered manager had put measures in place to deal with the problem and the regional manager monitored these in-house checks for completeness.

We found one breach of regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach is in connection with appraisals and training. You can see what action we told the provider to take at the back of the full version of this report.

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?

Good

The service was safe.

Suitable recruitment processes were in place. The registered manager

ensured staffing levels were maintained at a level that effectively met people's care needs.

Staff knew about safeguarding procedures and would be able to respond if required. They also knew how to report any concerns they had.

Staff knew how to deal with emergencies and how to protect people in their care, which meant they were well prepared.

Medicines were stored, administered and recorded in a safe manner.

Is the service effective?

Requires improvement

The service was not always effective.

Staff were experienced but some elements of training was out of date and appraisals were not complete.

People and their relatives told us food and drink at the service was of good quality and people had plenty of choice.

The registered manager was in discussion with the local authority in connection with Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff recognised people as individuals and this was acknowledged by people and their relatives we spoke with.

People were treated with dignity and respect.

Staff were able to communicate with the people they cared for because they knew them well and had tailored plans to support this.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed and people and relatives told us they were included.

Activities were in place for people based on what they liked to do.

Summary of findings

There were procedures in place to allow people to speak up and share their feelings and complain if they wanted to. One person told us they would tell a particular member of staff. Relatives were confident any complaints would be addressed.

Is the service well-led?

Good 

The service was well led.

There was a registered manager in post.

Everyone we spoke with was positive about the service and the staff.

Quality assurance systems were in place and completed by staff, the registered manager and the regional manager. These helped to maintain standards across the service.

Grange Park Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 March 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed other information we held about the service, including any notifications received from the provider about accidents, incidents and serious injuries. We contacted the local authority safeguarding team, one person's care manager and the local Healthwatch. We did not receive any concerning information about the service. **Healthwatch** is an independent consumer champion which gathers and represents the views of the public about health and social care services.

We spoke with the three people who used the service and two relatives. Due to their health conditions and complex needs not all of the people we spoke with were able to fully share their views about the service they received. We spoke with two of the five staff who work at the service, including an assistant team leader. We were unable to speak with the registered manager during the inspection because they were on holiday.

We observed how staff interacted with people and looked at a range of records which included the care records for the three people who used the service, three medicines records, three staff personnel files, health and safety information and other documents related to the management of the service.

Good

Is the service safe?

Our findings

Two people told us they felt safe. Comments included, "Yes very safe" and "I never used to be safe but I am here, they [staff] help me a lot." One person explained how staff protected them from harm by supporting them with finances and having the ability to talk to staff when they were concerned about anything. Two relatives told us they felt their family members were safe and protected from harm. Comments included, "I have no problem at all with safety, everyone that lives there is well looked after."

The care manager told us they had no concerns about people living at the service. Staff understood the meaning of safeguarding people and were able to tell us what they would do if they suspected any form of abuse was occurring. Staff told us they had received safeguarding training and records confirmed they all had up to date training in place. The provider had policies and procedures in place to help prevent abuse from occurring and to support staff should the need arise to seek further advice, including details of safeguarding and whistleblowing teams and telephone numbers.

The provider had policies and procedures in place to deal with people's personal finances. We checked the finances of one person and found them to be correct and appropriately recorded. Staff completed a hand over checklist when leaving and beginning a shift, which included checks on all money held within the service. This meant there was additional monitoring in place to safeguard people's personal monies and also to better protect staff from allegations of financial abuse.

Medicines were stored and administered appropriately. Records relating to medicines were well maintained, however one person's medicines administration record (MAR) did not have a particular topical medicine listed on it, although we found guidance for applying the medicine in place and staff confirmed it was applied as prescribed. A topical medicine is a medicine applied to body surfaces such as the skin. We spoke with the assistant team leader about this and they told us all medicine should be recorded on the MARs and they would address this immediately. Medicines prescribed were all available for people at the service. When people stayed away from the service for any period of time (holiday or visiting relatives) a separate record of medicines taken out of the service was completed to ensure all medicines were accounted for and people were maintained on their prescribed dosage. We noted regular reviews of people's medicines had taken place which ensured people were being prescribed appropriate medicines.

Medicines management training had last been renewed in November 2013 for most staff and was therefore a few months out of date. The assistant team leader told us he had recently received his updated training and showed us confirmation. He said the rest of the staff team would be having their medicine training updated within the next month.

Where a risk had been identified with a particular individual, risk assessments had been completed which described the risk and the steps taken to reduce the likelihood of the event happening. We saw these assessments were reviewed regularly. We noted one medicines risk assessment did not include information on the person's allergies or the risks posed due to their medicines being in liquid form. We discussed this with the assistant team leader who told us they would update the paperwork immediately. General risk assessments were in place, for example, use of electric kettle and these were reviewed regularly by staff to maintain the safety of people at the service and staff or visitors.

There were contingency plans in place for any foreseeable emergencies that may arise. For example, in the case of a fire or flood, or where poor weather conditions may affect staffing. Emergency contacts were also available and staff were able to explain how these procedures worked in practice.

Accidents and incidents were recorded on the provider's internal computer system called 'Click'. These were appropriately monitored by the registered manager through quality visits and also by head office quality assurance teams.

The service was well kept, with regular checks being made to ensure the premises and equipment was maintained to appropriate standards. Water, fire equipment, electrical checks or inspections, for example, were all kept up to date and confirmed by staff as being completed regularly.

We looked at three staff personnel files and confirmed suitable recruitment checks had been carried out, including identity checks and Disclosure and Barring Service (DBS) vetting checks. DBS checks help to ensure staff are suitable to work with vulnerable adults.

Good

Is the service safe?

From the comments people and their relatives made, it was apparent they thought there were enough staff to meet people's needs. One person told us, "There is always staff if you need them." A relative told us, "There seems to be enough staff to see to everyone." We looked at staffing rota's and confirmed suitable staffing numbers were on duty throughout the period we checked, including adequate cover during the night. The registered manager monitored staffing levels through their regular visits to ensure effective support was maintained to meet people's care needs.

Any staffing issues identified at the service had been dealt with appropriately, for example, where staff had been sick or absent.

Requires improvement

Is the service effective?

Our findings

One person told us they thought the staff were well trained and knew how to support them. They said, "I know they go on training so they can help us." A relative told us, "The staff are well trained and know what they are doing. They have worked with [person's name] a long time."

Staff told us they felt supported and suitably trained. The service had a programme of staff training, supervision and appraisals in place. Supervisions were generally up to date. It was noted that annual appraisals were overdue for all staff and had not been completed since the provider had taken over the service in 2013. We spoke with the registered manager on their return from holiday and they recognised that appraisals should have been completed. They explained that because they had not received appraisal training, they were reluctant to complete this task. A recent regional manager's visit recorded that a meeting was due to take place between the assistant team leader and the registered manager to organise staff appraisals. We were told by staff new paperwork was being implemented and this had held up the process, which was due to take place within the next month.

Training records showed the provider ensured staff received a range of training to meet people's needs, including specialist training to meet the specific needs of people who used the service. For example, epilepsy and autism awareness. One staff member had completed level 4 national vocational qualifications (NVQ) in management and all staff had completed a fire awareness training session. Staff told us training was constant and was booked to take place whenever it was due or out of date. Records we were given showed care and safety related training was overdue, by, in some cases over a year. Training overdue included health and safety, moving and positioning, epilepsy and deprivation of liberty safeguards. We discussed the out of date training with the registered manager on their return from holiday and they confirmed this training was out of date but that they were working to address the shortfall.

This was a breach of regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed breakfast time at the service. People were able to have a choice of food and drink which they preferred. One person told us, "The food is good, I have things I like. I have meals out too." The relatives we spoke with had no concerns about the food and refreshments available. One relative told us, "[Person's name] has never complained about the food, the staff do a good job." We talked to one member of staff about nutrition and meal times. They said, "We have a menu, but to be honest, the lads have whatever they like. We normally plan ahead and have things they like to eat on the menu." They also said, "We know exactly what they like and don't like, we have known them a long time."

Staff had gathered the views and needs of people's food likes, dislikes and requirements on their care records to ensure people's dietary needs were met. People were weighed regularly and where referrals to dieticians were required these had been made.

Where referrals or advice from healthcare professionals was required, prompt contact was made, including with GP's or consultants. Relatives told us if any issues arose with the family member's health, the staff ensured it was appropriately dealt with and they would be fully involved and kept up to date. One relative told us, "Staff identify any changes and act quickly."

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people's mental capacity and DoLS. The registered manager was in touch with the local authority DoLS team and care managers to ascertain whether applications were required to deprive people of their liberty. Records were available to confirm individual best interest decisions were made on people's behalf.

One person told us staff ask them for their consent. We heard staff asking people if they agreed before they offered support. For example, we heard this at breakfast before staff supported one person with their meal. Staff were overheard asking another person if they wanted to go out and help with some shopping. One relative confirmed staff

Requires improvement

Is the service effective?

agreed with the people they supported before they embarked on any task, including personal care. One relative said, “Staff are very good like that, they don’t take control from anyone.”

Two people showed us their bedrooms. They were decorated to their taste and had individual personal items on display, including gaming or musical equipment they liked to use. The service had a homely atmosphere with pleasant rear garden areas adapted to give people areas to sit and relax.

Good

Is the service caring?

Our findings

We asked all three people who lived at the service if the staff were caring and they all confirmed their agreement. One person told us, “Staff are canny, they look after me.” They also said, “People where I used to live took advantage but staff care what happens to me here.” Another person said, “Nice, staff are nice.” Relatives told us they had no problems with the care provided by staff. One relative said, “They are great.” Another told us, “You cannot fault them.”

One person showed us their family photographs and explained who each person was with the support of a staff member. This showed staff knew the family background of people well and were able to better support them because of this knowledge. We spent time observing how staff interacted with and treated people who used the service. We saw people were treated appropriately, patiently and individually.

We heard warm and caring conversations taking place between staff and the people who lived at the service and we could see a good rapport had been established. A staff member was asking if one person was going to be warm enough with the coat he had chosen to go out in. He said, “It’s cold outside, you sure you’re going to be warm enough?” We also heard laughter and friendly banter taking place throughout the day. Staff had developed ways of communicating with people and explained how they recognised the way people were feeling by their gestures as well as their mood.

People’s privacy and dignity was maintained. We noticed one person go into his bedroom and close the door. Staff came to check they were ok and heard them listening to music. We heard the staff say, “He’s listening to his music, he likes that.” We noted the staff member did not disturb the person but came back later and knocked on his door to check he was ok.

The service had an appointed ‘dignity champion’ who attended local area dignity meetings. A dignity champion is someone who promotes dignity issues in the service and ensures people are treated with respect at all times. We were told by the assistant team leader that the next meeting would involve the people at the service and other staff.

Detailed handovers were completed with staff as they changed shifts. This included information about each person’s wellbeing, details of any issues arising and signed agreement to confirm any monies in the service were present and correct.

We were not made aware of any person being involved with an advocate, but staff knew how to access these on behalf of people, should they be required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Two people had completed end of life plans. This information recorded preferred arrangements when they passed away, including whether they wanted a particular service and the type of music they wanted to be played. These plans had been written individually and done in a caring manner, with thought put into the words used.

Good

Is the service responsive?

Our findings

People were treated as individuals and staff were responsive to their needs. Comments from people included, “I am out most of the time”; “I come and go as I please”; “Staff will help me whenever I need it” and “If something changes, staff let me know and help me.” Relatives told us the service was responsive to the needs of the people that lived there. One relative told us, “The staff are very good at responding and suitable care is always provided.”

One person told us before they came to live at the service, they had a few visits to confirm they would like living there. They said, “I visited a few times to check I would like it and was able to choose my room.”

A care manager told us staff at the service provided “Very good person centred care.” They told us how one person’s sleeping patterns had improved since living at the service and also that staff provided very good “One to one care.”

People’s care plans were personalised and individual. Their needs had been assessed and plans written to reflect their individual needs and personal goals. People’s preferences had been noted including their likes and dislikes and which days they preferred to participate in activities. A relationship circle had been completed for each person, showing relatives and other people of importance to individuals.

Care plans with supporting risk assessments were developed when a need had been identified, for example, with medicines, personal hygiene, nail and foot care and physical and verbal support.

Care plans were reviewed in light of people’s changing needs. For example, one person had become at risk of falling and this had been addressed through updated care planning and risk assessments in consultation with the person, their family and health care professionals.

People met with their dedicated keyworker each month. People were working towards particular goals and action plans were agreed to support the person achieve this. For example, how the person was going to recycle items. Discussions were recorded between staff and the person and some people who were able, signed the plan to confirm agreement.

One person told us he had choice in whatever he did. He said, “I choose what I am eating, or going to do.” It was clear from records, conversations and observations that people had choice in their day to day lives. People had a range of activities they could choose to be involved with. For example, one person enjoyed swimming and going for walks. Other people enjoyed the cinema, going to a disco club, shopping, aromatherapy and visiting museums. We saw pictures of activities and events people had been involved in. One person told us they had been on holiday with their mother recently and a care manager confirmed one person had been on holiday to Scarborough. An activities log was maintained to record the range of activities people had participated in.

An information ‘passport’ was completed for each person living at the service. This ‘passport’ was a document which detailed information such as allergies, next of kin, medical history and likes and dislikes. The document was kept up to date by staff and would be used to assist hospital staff or other relevant healthcare professionals should any person need to be transferred for treatment or spend the night in hospital.

Complaints procedures were available to people in an easy read format and people told us they knew how to complain. One person said, “I would speak to [staff name] or my care manager.”

There was one ongoing complaint which was dealt with appropriately by the staff and was now being addressed outside of the remit of the service. Relatives told us staff always responded to any issues they had to raise and were confident any complaints would be dealt with quickly and effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been registered with the Care Quality Commission since November 2013. The registered manager was on holiday at the time of the inspection and therefore unavailable. There was a clear structure in place and staff knew who was in charge on a day to day basis, including when the registered manager was not available.

One person told us they thought the service was well led. They said, "They [staff] keep everything going." Relatives told us the service was well run, and provided a homely environment for their family members. One relative said, "[staff name] directs staff well. They communicate really well and have a good understanding of the people that live there."

Staff had good relationships with people and each other from our observations. The staff told us the registered manager was supportive and they could discuss any concerns they had. Staff told us they worked together as a team and one staff member said, "We have known each other for a long time, we work well together." Staff told us they enjoyed working at the home. It was evident from staff conversations the quality of life for people who lived at the service was important.

Regular meetings were held for the staff, usually every month. A range of topics was discussed, including health and safety issues, people's care and wellbeing, dignity and other general issues. People living at the service were welcome to attend and we noted on occasions that people had been recorded as in attendance.

Recent satisfaction surveys completed by the people living at the service were available in pictorial format and were very positive about the care and support provided. People confirmed they thought the service was good and provided them with quality care and support. Surveys which relatives had recently completed were all positive, with comments such as, "I think the staff support given to [person's name] is of a high motivational quality" and "Very good, very welcoming." One relative told us, "Staff are always asking our views." Surveys had recently been sent out to healthcare professionals and other visitors and responses were due to be received back.

Regular quality checks were completed by staff, the registered manager and the regional manager. These checks covered areas such as, medicines, health and safety, the environment and staffing. Where any issues were identified, actions were usually taken with the date recorded of completion. For example, it was noted on a recent regional manager visit that an issue with pest control (mouse) had been addressed. The registered manager was aware of the need to complete appraisals and this had been noted in regional manager visits as being in progress. We have dealt with this breach of the regulations in the 'effective' section. The provider also monitored quality at the service by information input into their online computer system 'Click'.

The registered manager had reported events that affected people's welfare and health and safety to the Care Quality Commission as required by the regulations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 (2) (a)** **Staff had not always received appropriate up to date training and appraisals had not been completed.**