

The Riverside Group Limited

# Ash Grove

## Inspection report

793 Bristol Road South  
Northfield  
Birmingham  
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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

This inspection took place on 14 September 2016 and was announced. This was the first time we inspected this service as it was first registered in September 2015.

Ash Grove provides personal care to people living in their own homes within the provider's housing scheme. The service supports older people, some of whom live with dementia or who have limited mobility. At the time of our inspection 11 people were using the service, other people lived at the scheme but were not receiving personal care.

There was a registered manager 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 persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People who needed support with their medication were supported appropriately but improvement was needed to records when medicines were not administered.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. Staff had access to health professionals and regular training to maintain their knowledge of good practice and people's care needs.

People were supported to have their mental and physical healthcare needs met. The registered manager sought and took advice from relevant health professionals when needed. Staff were aware of people's nutritional needs and people were supported with eating and drinking where necessary. People told us that staff asked their consent before providing care and support.

People spoke highly of all the support staff and enjoyed living at Ash Grove. People said staff were caring and had built up close relationships with the members of staff who supported them. People and, where appropriate, their relatives were consulted about their preferences and people were treated with dignity and respect.

The registered manager had fostered a culture which was responsive to people's needs and driven by delivering care in line with peoples' wishes. People had access to a complaints system and told us they felt confident in raising any concerns or complaints directly with the registered manager.

There was effective leadership from the registered manager and the members of staff we spoke with were well motivated and enthusiastic. The registered manager assessed and monitored the quality of care

consistently through observation and regular audits of events and practice and a full audit of the service was scheduled to take place by the provider's quality assurance team.

## 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.

People told us that they felt safe and they trusted the staff.

Staff demonstrated that they knew how to recognise signs of abuse and how to keep people safe. The registered manager was clear on how to deal with allegations of abuse and reported such situations as required.

There were enough staff to ensure people received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs and demonstrated a practical understanding of seeking consent before any support was offered.

People were supported to access other health and social care providers when necessary.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind.

Staff spoke affectionately about the people they supported and took pleasure in looking after them well.

People were actively encouraged to take part in planning how their care was to be provided.

### Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded to people's individual needs.

People received personalised care and support which had been planned with their involvement.

There was a complaints procedure in place. People told us they felt able to raise any concerns and complaints.

### **Is the service well-led?**

The service was well-led.

People and staff told us they felt able to approach the registered manager and were listened to when they did.

The registered manager had systems in place to assess and monitor the quality of the service.

Staff enjoyed working at the service and spoke about a good team spirit.

**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 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.

We conducted a comprehensive announced inspection of this service on 14 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also sent questionnaires in March 2016 to people who used the service. We received 15 questionnaires, however some people who returned a survey lived at the scheme but did not receive a personal care service. We also received surveys from four relatives, three community professionals and nine staff. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We contacted the local authority commissioning team, we did not receive any information of concern from them. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with four people who used the service and one relative. We also spoke with the registered manager, deputy manager, and four care staff. We sampled the records, including three people's care plans, two staffing records, complaints, medication and quality monitoring.

## Is the service safe?

### Our findings

People and their relatives told us that they felt the support provided by the service was safe. A person we spoke with said, "I feel very safe, nothing here frightens me." Another person told us, "It's very safe, it's marvellous." People who responded to our questionnaire told us, "I am safe and secure here and feel very lucky to be here" and "I appreciate the security of having someone on-hand, day and night, if there is an emergency."

The registered manager told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. They were confident that any safeguarding issues reported would be dealt with appropriately by the management. There was guidance and contact numbers in public areas of the housing scheme and of actions staff and visitors could take if they felt anyone was at risk of or suffering from abuse. We saw from records that safeguarding concerns were discussed with staff during staff meetings which demonstrated a culture of learning from mistakes and an open approach. The registered manager understood their role and responsibilities with regard to safeguarding procedures and was aware of the procedures for raising any concerns.

One person told us, "Staff make all my drinks for me as I might scald myself." Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions and took prompt action when they thought a person was at risk of harm. Risks to people had been reviewed when people's conditions changed and updated guidance and instructions shared with the staff who supported them. One person had in the last few weeks developed a health condition that had the potential to affect their well-being. The registered manager had ensured their risk assessment had been updated to reflect the actions staff may need take to help keep the person safe. We discussed with the registered manager that consideration should be given to having some discussions with the person regarding the assistance they may need to stay safe during the times when staff were not required to support the person.

A personal emergency evacuation plan (PEEP) was available for each person. This was to be used if the building needed to be evacuated in an emergency. We brought to the registered manager's attention that the risk assessment needed review following one person's recent decline in mobility. This was updated during our visit.

Staff we spoke with described the ways in which they practiced to ensure people were kept safe and confirmed they had received training on how to use the hoist. One person told us, "I feel safe. Staff seem to know how to use the hoist safely." We saw that where people needed the hoist that safe systems of work had been introduced. This included a moving and handling plan that had photographs of how staff needed to assist the person to move safely.

The housing scheme had a system that alerted staff when people called for urgent assistance. The care call system was installed in all flats and communal areas with intercom communication available for people to speak with staff. People were also provided with a pendant, if needed, as part of the system to keep them

safe. They wore the pendant and pressed it when they needed urgent assistance. One person told us, "Staff are very good at responding to this, I had two falls and they got 999 for me." This showed that staff responded to emergencies.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. The registered manager was supported by the provider's Human Resources Department to monitor that appropriate checks had been completed. A review of two staff recruitment records confirmed this. These checks had ensured people were supported by staff who were suitable.

People who used the service told us that there were enough staff to meet their needs and spoke positively about the consistency of the care staff who supported them. One person told us, "They are always on time and never rush me." Another person told us, "Staff turn up when they are supposed to."

All the staff we spoke confirmed there were enough staff and they felt confident they had enough time to attend calls on time and stay their allotted time. A member of staff said, "The levels are safe. We always have the staff to do the calls and have the time to spend the allocated time on the call." Another staff told us, "We are not short, we all help each other out but there is always enough staff. If people need a double –up call then there are always two staff available."

Not all the people who used the service required support with their medication. Those who did so said they were happy with how they were supported. One person told us, "Staff always give me my medication on time." Another person told us, "Staff come and do my creams for me."

People were assessed for the level of support they required. The medicines were administered and prompted by staff who were trained to do so and had undertaken competency checks. There had been a small number of medication errors. The registered manager described what actions they had taken to ensure there was no reoccurrence of the mistakes made.

Where medicines were prescribed 'as required', there were instructions and information for staff about the person's symptoms and conditions to identify when they should be administered. We sampled the Medication Administration Records (MARs) and found that they had been completed correctly with the exception of one person's record for the day prior to our inspection visit. For one of their medicines the MAR had not been signed. The registered manager explained that as the person had been unwell staff had been unable to administer the medication. They assured us they would remind staff of the importance of using the correct codes on the MAR to show why the medication had not been given. The registered manager completed regular medication audits to ensure people had received their medication as prescribed.

# Is the service effective?

## Our findings

All the people we spoke with said the service and staff were good at meeting their needs. One person told us, "The best bit about living here? I love it all to tell you the truth." Another person told us, "The staff do a good job." A community professional told us, "My clients always speak highly of the service they provide and my own experience and that of my staff reinforces this view."

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. Staff were supported to complete the Care Certificate, which is a set of national minimum care standards that new care staff must cover as part of their induction process.

Staff told us they also had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One member of staff told us, "I had a week of shadowing, this helped me to get to know people and provide better care for them." Another member of staff told us, "It was brilliant I have never had that much training anywhere else."

The service ensured that staff received training regularly to enhance and support their care knowledge and skills. Training was available to help staff meet people's specific needs, for example in dementia or end of life care. Staff told us and records showed that they received regular training. One member of staff said, "The training has all been really useful. The in-house training where we all get together has also been fun." Another member of staff told us, "The quality of the training has been very good."

Staff confirmed that they received formal supervision from the registered manager on a regular basis and an annual appraisal. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. Staff we spoke with told us they felt well supported to do their job and that they had plenty of opportunity to talk about their practice, raise any issues and ask for guidance. One member of staff told us, "The support is really good. They [registered manager] have been really supportive on a personal issue, I could not have asked for more."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working in the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People told us staff asked their permission before supporting them. The registered manager demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). They told us they had not needed to make any applications to the court of protection to deprive a person of their liberty. Staff were aware of and had received training in the MCA.

Not all the people who used the service required support with their meals and drinks. Those who did so said they were happy with how they were supported. One person told us, "Staff keep me going with lots of drinks. They ask me what I want to eat." Another person told us "Staff help me with my meals, I get what I want and have enough to drink."

People had a kitchen in their flat if they wished to cook their own meals. A restaurant and cafe was also available on site for their use which was run separately to the organisation. We observed some people were assisted by staff to the restaurant if they needed support with their mobility.

We saw that staff had carried out nutritional assessments and monitored people's food and drink intake when they were thought to be at risk of malnutrition or weight gain. Staff had the relevant information and could consistently describe people's dietary and nutritional needs which in addition was clearly documented within people's care plans.

People were supported to make use of the services of a variety of mental and physical health professionals. One person told us, "If I am unwell they get the doctor." One person told us they had recently experienced a medical emergency and that staff had recognised this and responded quickly. Records showed that people received regular visits from health professionals and staff acted promptly to involve them when people's conditions changed. A relative told us, "The staff liaise with GPs, chiropodists, community nurses and ensure that medication is delivered promptly." This meant that people who used the service were supported to obtain the health care they needed.

## Is the service caring?

### Our findings

People who used the service told us that all of the staff were caring. One person told us, "The staff are all lovely." One person told us they had recently experienced a medical emergency and that staff had given them lots of reassurance whilst they were waiting for an ambulance to arrive. Responses to our questionnaire were also positive including, "I am happy with the care I receive, they are all lovely, I do not know what I would do without them." People were provided with appropriate information about the service in a service user guide when they first started being supported by the service. This guide outlined the standard of care people could expect and the services offered.

One relative told us, "All of the staff, both carers and managers are very helpful, friendly and kind and nothing is too much trouble for them." Several people told us that, if they wanted it, the deputy manager visited them in their flats every morning to check that they were okay.

People were supported by the same staff which had enabled them to build up close relationships. One person told us, "I get regular staff who know my needs, that's very important to me." All the staff we spoke with spoke positively and warmly about the people they were supporting. We saw that there were clear records for staff about how people wanted to be supported. Staff demonstrated they knew people's personal history and their individual preferences.

We observed staff interact positively with people who used the service when they met them in the housing schemes public areas. On one occasion we saw a person resting on their walking aid in a corridor. Staff stopped what they were doing to check with the person that they were okay and if they needed any assistance.

A number of people told us that they were supported to maintain their independence. We saw people's care plans reflected how people wanted to maintain their independence. During our inspection visit one person sought assistance from the registered manager in relation to a letter they had received. They requested and received assistance from the registered manager in responding to the contents of the letter.

We received positive comments about how staff respected people's dignity and privacy. One person told us, "They always knock the door of the flat before they come in" Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed.

## Is the service responsive?

### Our findings

People who used the service said they felt listened to and involved in the service. They felt staff knew their preferences and provided support in line with their wishes. One person told us, "They involve us in everything and always consult me about important decisions."

People received care that was personalised and responsive to their needs. Staff demonstrated knowledge of personalised care and how this would be provided. They recognised the importance of involving people in decisions about their care and support and of giving them choices. People's support files contained personalised information to guide staff in providing care and support such as things they enjoyed doing, people important to the person and information to help staff understand a person's feelings and emotions. People's care plans were 'brought to life' with the inclusion of photographs of people in their younger years and of things important to them. When possible people had signed their care plans to indicate their consent to being supported in the proposed plan.

People were actively encouraged to take part in the wider community. People's care plans identified ways of supporting people to maintain these relationships and how they could take part in the various activities both inside and outside the housing scheme. For example staff had forged close links with the place of worship next door to the scheme and people took parts in various events there. Staff told us about an upcoming event they had organised, this was a 'remembering event' where people were encouraged to bring along old photographs of their lives to prompt discussion This prevented people becoming socially isolated.

People told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. One person told us, "I have never had to make a complaint, but if I did I would tell the manager or the deputy."

The registered manager told us that there had been no formal complaints received regarding the care provided to people, although some concerns had been raised about the arrangements for car parking at the housing scheme. They told us of the actions they had taken to try and resolve this issue. The provider had clear policies and procedures for dealing with complaints which were available in communal areas. We noted that the complaints procedure lacked details of the agencies people could contact if they remained unsatisfied with the provider's investigation. For example, the local authority if they funded the person's care. The registered manager told us he would ensure this was rectified.

## Is the service well-led?

### Our findings

People who used the service told us they felt it was well run and no one felt it was required to improve. One person's relative told us, "The managers' are very good. If we want anything we just ask." A community professional told us, "For the time that I was working with Ash Grove, I found the managers very co-operative and very approachable. I found the managers listened to suggestions and followed guidelines well."

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues. A member of staff confirmed, "I really enjoy working here." Staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "The manager and the deputy are very approachable. We are able to pass on any suggestions and they take these on board. If there are any issues they pitch in and help, they do not just sit in the office." Another member of staff told us, "I am able to raise anything, the managers get really involved in any ideas."

We spoke with the registered manager who was very knowledgeable about all the people using the service. It was evident from the conversation they were very involved in the day to day running of the service and had current knowledge as to people's individual circumstances. The registered manager had a good level of understanding in relation to the requirements of the law and the responsibilities of their role. A review of records showed they had notified the commission of events they were required to do so by law.

People were involved in developing the service. At the time of our inspection visit there was some refurbishment works underway of the environment. People told us and records showed that people living at the scheme had been fully consulted in this and had the opportunity to express their views on the planned colour schemes.

The registered manager had systems for monitoring the daily quality of the service and that the standard of care was maintained and improved on where possible. They monitored incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again. We saw that people's views were sought and the quality of the service they received was assessed via regular 'flat visits'. A report of the findings of the visits indicated people were satisfied with the service they received. We asked if people had been given the opportunity to complete any provider surveys to seek their views. The deputy manager told us these had not been distributed to people as people were asked at commencement of the service if they would like to receive these and that so far, people had declined these.

The provider had not yet completed their own audit of the service. The registered manager informed us this was scheduled to take place in November 2016 and provided evidence of the format for this. Whilst the provider had yet to complete a formal audit, other records showed that senior managers and the chief executive had visited the service in January 2016 to speak with people and staff.