Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Ash Grove

56 Ash Grove, Evesham, WR11 1XN

Tel: 01789298709

Date of Inspection: 26 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Heart of England Mencap
Registered Manager	Mrs Alexandra Arnold
Overview of the service	Ash grove provides respite and long term care for people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The inspection was carried out by one inspector. The people who resided at Ash Grove did not use verbal communication. Staff interpreted people's wishes by observing their body language. At the time of our inspection there was one person who was living in the home permanently and one who was having short term respite care. Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with two people who used the service, three staff who were supporting them and from looking at records. This evidence helped us answer the five questions detailed below.

Is the service safe?

People were treated with dignity and respect by staff. We saw that staff were protective towards people to prevent them from risks of accidents and injuries when they mobilised. We observed a relaxed atmosphere and positive relationships between people who were using the service and staff. There were risk management plans in place for people and for general health and safety, such as the premises, fire safety and emergency evacuation of the premises. We looked at staffing levels. This showed us the provider had ensured enough qualified and experienced staff were available to provide appropriate care and support. We were told staffing levels were reviewed when the numbers of people living in the home changed and their dependency needs had been assessed.

CQC monitors the operation of Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Some relevant staff had been trained and training was arranged for other staff to attend so they would understand when an application should be made, and how to submit one.

Is the service effective?

People's health and care needs had been assessed and support plans were in place. We observed staff providing people with choices about what they wanted to eat and what they wanted to do during the day. We saw evidence that relatives had agreed support plans and regular reviews of them. Staff encouraged and supported people in developing living skills and in leading meaningful and enriched lifestyles. We saw that staff respected people's individual cultures. Staff demonstrated knowledge of people's needs and support that matched their support plans. Staff had received training to meet the specific needs of the people living in the home. We found that support plans were accompanied by health care plans hospitals had supplied to the home. Arrangements were made so that staff could accompany people in attending GP and hospital appointments.

Is the service caring?

We observed people being supported by staff in a sensitive way that was tailored to each person's preferences. People were cared for by kind and attentive staff. Staff encouraged and supported people in maintaining their independence. Staff had adopted a flexible system so that they could respond to people's requests. Staff were aware of people's rights and respected decisions people made. The care worker who was in charge briefed all new staff about people's changing needs at the beginning of each shift when there was a change of staff. People were supported by a team of health and social care professionals who worked closely with staff in providing people's care needs.

Is the service responsive?

Talking with staff and looking at records confirmed that staff acted on the recommendations made by health professionals. Before people were admitted to the home staff ensured they had enough information about people's needs to ensure they were able to meet them. People were supported in accessing the community. People's preferences and interests had been recorded and care and support had been provided in accordance with people's wishes. We saw the complaints procedure was written in a simple way and had been made available to people and their relatives. The senior care worker showed us that complaints received were investigated and acted on in accordance with the procedure.

Is the service well led?

The service had a system in place for obtaining relatives opinions about the standard of care and support people had received. Regular audits had been carried out that enabled staff to make changes that could be of benefit to the people who used the service. The audit tools included improvements that staff had made. A senior member of staff regularly visited the service and carried out a range of audits. A report was developed and given to senior staff who worked within the home so they could make further improvements. Staff told us they were clear about their roles and responsibilities and the ethos of the service. Staff received regular supervisions by senior staff to ensure they remained competent for their roles.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes and best interests.

Reasons for our judgement

Two people were using the service at the time of our inspection. They were unable to communicate verbally and used body language to inform staff of what they wanted. We observed how staff supported people in making decisions. For example, a range of different foods were placed in front of people so they could make a decision about what they wanted for lunch. We observed that staff had good relationships with people, understood their needs and responded positively when requests were made.

We spoke with the senior care worker and a care worker. We asked them how they supported people in making decisions. They demonstrated good knowledge of how each person displayed body language to express what they wanted. The senior care worker explained to us the likely reason for one person who may display reluctance to have their personal care. They told us what they would do for the person to enable them to be receptive of their care needs.

The senior care worker told us about a situation where they found a person was not comfortable with the care they received. The senior care worker had discussed this with the relatives and obtained their permission to make changes. They said when the changes had been implemented the person was much more relaxed and accepted the assistance staff provided. This showed staff had obtained valid consent that resulted in consent from the person who was using the service.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. We found that relatives and external professionals had been involved in and influenced development of respective care and support plans. We saw that mental capacity assessments had been carried out for each person and they had been reviewed and updated regularly or when a person's circumstances had changed. This indicated that staff had attempted to ensure that valid consent was obtained appropriately.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, and support that met their needs and protected their rights.

Reasons for our judgement

Due to the limited communication skills that people had, we observed their interactions with staff who spoke with them in a way that they could understand. We saw that staff had a kind and caring approach towards the people they supported. People looked happy, comfortable and relaxed in their home. We spent time with both people and observed that staff gave them gentle encouragement to complete a task. For example, a care worker encouraged a person who sometimes did not eat enough lunch. We saw that after a few minutes the person started to eat. This meant that staff supported people and possessed knowledge of how people responded to them.

We reviewed the care records for the two people and saw how their care had been provided and managed. This was evidenced in the daily records that staff had completed. The files included clear information about what people could do for themselves and where they needed support or assistance. We saw that these care records had been reviewed regularly and ensured that people's needs had been met as any changes had occurred. Staff told us they made sure they were fully up to date with any changes to people's care needs. We saw that any changes made to people's support needs had been accurately recorded. This made sure that staff had the information they needed to enable them to provide consistent care. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We asked a care worker how they knew people's needs by the time they were admitted to the home. The care worker told us about the person who had been admitted the previous day. They explained the person was admitted regularly for respite care. They said: "I read their folder (care records) a few days before they arrived and staff told me to ask them any questions I had. I went back to the folder they day before admission to check on a couple of things." During our inspection we observed the care worker providing appropriate support to the person.

We found that staff had a good knowledge of the care needs of the people whose care records we had read. This matched the information in the care records and the care we saw people received during our inspection.

We saw that plans were in place that made sure staff had information to keep people safe.

Risk assessments had been carried out whenever a risk had been identified. They included risks both within the home and the community. For example, we saw that for one person, a risk had been identified regarding use of transport and road safety. We noted that there were plans in place that told staff how to support people who were considered to be at risk. Staff confirmed that people's care plans and risk assessments were regularly reviewed and updated. This ensured that any changes in care needs were planned for and met. This meant that people received the support and care they needed, whilst the risk of harm to them was minimised where possible.

The records told us staff had supported people in experiencing their preferred social activities. For example, one person enjoyed walks, going to the park and watching DVD's. We observed staff asking people what they wanted to do after lunch. Staff responded to people's requests. For example one person wanted to sit in a specific room and do colouring. Staff assisted the person in doing this. This meant that staff provided the necessary safe support to assist people in achieving their goals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand people's experiences. We spent 50 minutes in the dining room watching both people during lunchtime. We found they had positive experiences. Staff supporting them knew what support they needed and they respected people's wishes. Staff encouraged people to manage on their own, sat with people, chatted with them and gave praise when people had eaten their lunch. This demonstrated a relaxed and trusting relationship was in place between the people who used the service and staff.

We were shown records that confirmed some care staff had attended Deprivation of Liberty Safeguards (DoLS) training. We saw the training planner for all staff, which evidenced this. Arrangements were in place for the staff who had recently been recruited to attend training. The senior care worker told us they had not needed to make a request to the local authority for anyone to be assessed by a trained assessor. We found policies were in place to provide staff guidance relating to mental capacity and people's ability to make decisions. This showed that staff ensured that people were not deprived of their liberty unlawfully.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that the provider had ensured that there were sufficient numbers of suitably trained and experienced staff who worked at the home. During our inspection we observed that staff spent a great deal of time talking with people and supporting them. This showed us that staff had the time to respond to people as there were sufficient numbers of staff on duty.

We asked a senior care worker manager how many staff should be allocated to each shift. We looked at the previous four weeks of staff rotas. We saw that they corresponded with what the senior care worker had told us. Staff rotas showed that regular staff and consistent numbers of staff were on duty each day and night.

The senior care worker explained how gaps were covered when staff were absent due to holidays or sickness. They told us permanent staff worked extra shifts. Staff from other homes within the organisation who wanted extra work could also be approached. The senior care worker told us: "In the eight years I have worked here I have not seen agency staff used." This meant that people who lived at the home had regular staff that knew them.

We asked about reviews of staffing levels were carried out. The senior care worker explained the numbers of people and their dependency needs were assessed regularly. They said the provider readily provided the staffing numbers that were needed. This showed the safety and welfare of people were protected.

We spoke with a care worker who had recently been recruited to work in the home. They told us they were working through their induction. They said they were not allowed to work alone until they had been assessed as competent to do so. They told us there was always someone available to assist if they experienced difficulties.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

We observed staff spending time with people and talking with them. The discussions were about general topics and what people were intending to do during the afternoon. They gave the impression of a relaxed and supportive atmosphere.

We found that staff had received appropriate and relevant training for them to carry out their roles effectively. For example, food hygiene, health and safety and safeguarding vulnerable adults training had been completed. Staff had also attended specialist training for dealing with situations when people displayed inappropriate behaviour. We looked at the training planner which, confirmed staff had attended a range of training courses. The provider had ensured staff had appropriate knowledge and skills for their roles.

We asked about written staff supervisions. The senior care worker showed us four that had been completed August 2014. Other staff supervision recordings were made available to us. This meant staff received regular supervisions to check their knowledge and skills. We saw they included a range of topics including work performance, people who used the service and training. This indicated that staff checks were carried out to ensure they remained competent to carry out their roles.

We spoke with a senior care worker and a care worker. Both staff told us that they felt they were well supported by the manager and that they were able to approach them for guidance. The senior care worker told us: "The manager is very honest, very supportive, patient and approachable. I can contact the manager or someone at the office if I need help or guidance." We evidenced this during the inspection because the manager was not available. The recently recruited care worker said: "I feel very supported. Staff here are very helpful." The senior care worker gave us an example of when they had requested and received support from a senior member of staff during the night. This demonstrated that suitable arrangements were in place to provide support and guidance for staff.

Staff told us that regular staff meetings were in place. We were shown the minutes of recent meetings. They indicated that staff present had contributed and made suggestions for changes in staff practices that could be beneficial for people who used the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had systems in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Most of the people who used the service were temporary residents for respite care. At the end of their stay staff gave relatives a questionnaire and asked them to complete them. We were shown completed questionnaires that had been returned to the service since the beginning of April 2014. The questionnaires asked for comments about the premises, food, care, staff and activities. All 12 questionnaires completed were positive and complimentary about the service people had received. We asked a senior care worker what they did if they received negative comments. They told us they would contact the relative to obtain more information and take appropriate actions to improvement the standards. This indicated the opinions of relatives were able to influence the standards of the service.

We found the manager had carried out regular spot checks and other audits. These concerned, fire safety, food hygiene, health and safety, medicines and accidents. The records told us that actions plans had been developed to ensure people received safe care. The action plans included the name of the staff member who was responsible for ensuring the improvements were made. This demonstrated that the standards of the services that people received were being regularly reviewed and where possible improved for the benefit of the people living in the home.

There were reports available to evidence that equipment such as the shaft lift and the central heating had been serviced regularly by an appropriate company. This meant people were protected from unnecessary accidents.

We saw that regular checks were regularly carried out such as portable appliance testing (PAT), water temperature testing and treatments, fire safety inspections, gas safety and the electrical wiring of the home. These measures served to protect people from unnecessary injuries. Staff had received annual training in fire safety and regular fire drills to check they would respond appropriately in an emergency situation. This demonstrated that staff were competent in ensuring people's safety.

Accidents and incidents had been recorded. We saw that staff had taken appropriate action when necessary, to promote people's health and safety.

The home had a complaints procedure in place. It was written in simple English to assist people to understand it. A copy of the procedure was attached to the back of each bedroom door for ease of access. The procedure had been made available to people so they knew their right to raise concerns if they were not happy with the services they received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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