

MGB Care Services Limited

Ash Villa

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 ●

Summary of findings

Overall summary

We carried out this inspection on 1 June 2017. It was unannounced.

Ash Villa is a residential care home for 10 people with dementia, sensory impairment, learning disabilities or autistic spectrum disorder. At the time of this inspection, 10 people lived at the home.

At the last inspection, the service was rated Good. At this inspection we found the home remained Good.

People told us they felt safe living at the home. At our last inspection we found there were unsuitable lighting and loose ceiling tiles. We found this had been improved at this inspection. Staff understood what abuse was and knew what action to take if they had concerns. Staff were effective in identifying and managing risks to people's health and well-being and knew how to keep people safe.

Staff were recruited safely and they received a comprehensive induction to the home which gave them the skills required to care for people who lived at Ash Villa.

People received their medicine from trained staff and medicines were given to people safely.

People were supported with their nutritional needs and had a balanced diet. Where possible, people were involved in preparing food and drinks.

People participated in activities they enjoyed. Activities were planned for each person and recorded on a calendar so people knew what they were going to do and when.

People knew how to complain or make their concerns known to staff and the registered manager. The provider sought the views of people, their relatives and staff through surveys.

There were processes to monitor the quality of the care provided. Audits and other checks were done on the environment, fire safety infection control and action was taken when problems were identified.

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 is safe.

People received their medicine from staff who were trained to administer them. Staff knew how to recognise and report abuse. People received support from staff who understood the risks relating to their care and how to minimise those risks. Staff were available at the times people needed them.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ash Villa

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 checked 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.

The inspection took place on 1 June 2017 and was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced. Before the visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what it does well and what improvements they plan to make.

We also reviewed the information we held about the home. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with one person who lived at the home and three relatives by telephone. We spoke with the registered manager, two care staff and the cook.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed three people's care plans to see how their care and treatment was planned and delivered. We

reviewed medicine administration records (MARS) of five people to check medicines were given as prescribed. We reviewed three staff files to check staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At our last inspection in October 2014 we found that the provider required improvement to keep people safe. This was because action had not always been taken to keep the building and equipment well maintained. For example there was a lack of suitable lighting and loose ceiling tiles. During this inspection we found that improvements had been made.

People now lived in a well maintained and safe home. Regular audits were undertaken to assess the safety of the environment and equipment. Where issues had been identified, the provider took action. This meant that people were kept safe from hazards in the home.

People felt safe living at the home. One person said, "I feel very safe here." A relative said, "My relative is safe." Staff had received training to understand how to protect people from abuse. They understood the importance of this and how to report any concerns. Risks related to people's care needs had been assessed and actions taken to minimise them. For example, one person was at risk of choking and advice from a healthcare professional recommended that food be cut into bite size pieces before being given to the person. We saw food was prepared in line with this advice.

There were enough staff available on duty to meet people's needs. The provider had checked the suitability of staff before they started working at the home by completing police checks and obtaining references from their previous employers. Staff new to the organisation completed a comprehensive induction and training programme. This meant people were supported by staff who had the skills to meet their needs and keep them safe.

People received their medicine as prescribed, at the right time. Medicines were stored, administered and disposed of safely. Protocols (medicine plans) were in place when people needed medicine on an 'as required' basis, so staff knew when and why the person might need their medicine.

Is the service effective?

Our findings

At this inspection, we found staff continued to have the same level of skills, experience and support to meet people's needs as effectively as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. This meant the rating continued to be 'Good'.

Staff had the skills and knowledge to meet people's needs. Staff received training suitable to support people with their health and social care needs and also undertook bespoke training based on people's individual needs. For example, one person told us, "I have epilepsy and sometimes I have seizures." We saw that staff had received training in this area and they were able to explain what they needed to do if the person had a seizure. The management team recorded and reviewed the training staff completed to ensure this remained up to date.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and management team understood their responsibilities under the MCA and had applied for DoLS when people's liberty had been restricted.

People were supported to eat and drink enough. People who were able to prepared their own snacks and drinks. Staff supported people to eat a nutritious and suitable diet according to their needs. One relative said, "My relation has a food intolerance and the cook has become an absolute expert in avoiding cross contamination with other foods and finding appropriate things to eat." The cook showed us that this person's food was kept separate to other foods.

People were supported to manage their health conditions and had access to health professionals such as their GP when required. Staff were knowledgeable about people's individual medical conditions and were observant to changes in people's moods and behaviours. Staff supported people to maintain their health through regular appointments with healthcare professionals.

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. This meant the rating continued to be 'Good'.

People were positive about the way staff support them. One relative told us, "We are wholly impressed by the consistent care and kindness from staff." Another relative described staff as, "Patient, compassionate and understanding." We saw staff showed people kindness during our visit. We saw people joked together and it was clear they had good relationships with staff. We observed that staff interacted with people in a meaningful and personal way.

People were encouraged to keep in touch with their families, some people went back to their family home to visit them, and relatives visited the home or took people out for the day. One relative told us that staff rang them every week to give them an update on the person's wellbeing. People had an 'activities' calendar which enabled people to plan how and where they spent their time. so people and their families were aware of forthcoming events. These were in an easy read format which made it easier for people to understand.

Where people did not have any family or friends to support them make more complex decisions, the registered manager told us that they had information available for an advocate to support them. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision. We saw that advocate information was displayed within the home; however this was out of date. The registered manager told us that no one currently used an advocate and updated the contact information for the advocacy services before our visit ended. This was to ensure people had access to the relevant information if required.

We saw staff respected people's privacy and promoted their dignity. Staff knocked on the doors of people's rooms and waited to be invited in by the person. We saw people chose how to spend their time. We saw that some people preferred to stay in their rooms and others preferred to be in the lounge as they liked people with others. Care plans included information about people's preferences and needs, with clear guidance for staff about what people could do for themselves and what they needed help with.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during our previous inspection. This meant the rating continued to be 'Good'.

People were positive about the support they received. One relative told us, "Staff are responsive to the needs of [person's name]." Staff told us they had training in 'behaviour management' and knew what behaviours specific people might display when they were happy or when they were agitated so they could respond. This enabled staff to respond positively and de-escalate any behaviour that could be challenging.

Care records were up to date and documented people's care needs, routines and communication needs. Relatives we spoke with said they had been consulted on and involved with the planning of people's care. We saw that staff had received training in 'Makaton.' This is a communication system which uses signs and symbols to help people with no, or limited verbal communication skills.

Social activities were arranged for people to enjoy. Staff told us that some people were going on holiday to a holiday camp for three days. We saw that activities people enjoyed were put on a personalised calendar for them so that they knew what they were doing and when. We saw people were engaged with their activities and staff spoke with people calmly and respectfully.

We looked at how complaints were managed by the provider. We saw where concerns or complaints had been made about the home; these had been resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

At this inspection, we found that the home and the staff were as well-led as we had found during our previous inspection. This meant the rating continued to be 'Good'.

There was a registered manager in post and they understood their legal responsibilities and sent us statutory notifications about important events at the home. 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 and their relatives were happy with the quality of care. One person described the home as, "Top-notch." A relative said, "They (the staff) are a good team and have team spirit." The registered manager asked people, relatives and staff for their views of the home through annual surveys. The survey conducted in 2016, showed that people were happy with the staff, the food and felt cared for and able to raise concerns if needed.

People we spoke with knew who the registered manager was and felt comfortable talking to them. One relative told us, "[Registered manager's name] is the manager and they have an open door policy. I am very pleased with how things are and I am not easy to please."

People could be confident that the quality of the service provided to people would be monitored. There were systems in place to monitor the quality and safety of the home. We saw that the registered manager audited accidents and incidents in the home to assess if any action was needed, and if so, action was taken. Other regular checks were undertaken such as audits of care plans, building and equipment, and fire safety.