

Mulberry Care Homes Limited

# Astley Grange

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 21 March 2018. The inspection was unannounced.

Astley Grange is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Astley Grange provides nursing and personal care for up to 40 older people over three floors. The service was in a detached building in a residential area. A private garden was available for people to sit out in when the weather was fine. A passenger lift was available between floors so people could access any part of the building if they wished. There were 35 people living at the service at the time of our inspection.

At the last inspection in February 2016 the service was rated Good. At this inspection, we found the service remained Good.

There was a registered manager who had been in post for approximately four years. 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.

Processes were in place to keep people safe and free from harm. Staff were knowledgeable in safeguarding adults' procedures and any concerns were discussed with the registered manager and local authority safeguarding team. Plans were in place to manage and mitigate risks to people. The registered manager regularly reviewed any incidents that occurred. There were sufficient staff to meet people's needs. People received their medicines as prescribed. Infection control procedures were adhered to.

People were supported by staff that had the knowledge and skills to undertake their duties. Staff completed a programme of training and received supervision, although the frequency of this was under review by the registered provider. Staff supported people to eat and drink sufficient amounts and met their dietary requirements. Healthcare professionals were liaised with by staff and visited the service as required to ensure people had their health needs met. Staff adhered to the Mental Capacity Act 2005 and conditions specified in people's Deprivation of Liberty Safeguards authorisations.

Kind and respectful relationships had been developed at the service. Staff were polite and friendly when engaging people. Staff supported people to make choices and communicated with people in a way they understood. People's religious and cultural needs were met. People's family members were welcomed at the service and there were no restrictions for visitors. People's privacy and dignity was maintained.

People's care and support needs were met. Electronic care records were regularly reviewed and held

sufficient and appropriate detail about how people were to be supported. A full activities programme was in place, this included use of various external people to engage people in activities. A complaints process remained in place and the service had received a number of compliments from people and their relatives.

Staff felt well supported by the registered manager and felt they were approachable. Staff and people's feedback was obtained through a programme of meetings. A programme of audits was in place to review and monitor the quality of service delivery. The registered manager adhered to the requirements of the CQC registration and submitted notifications about key events that occurred at the service.

Further information is in the detailed findings below.

## 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 remains Good.

### 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.

# Astley Grange

## Detailed findings

### Background to this inspection

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

This inspection took place on 21 March 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed 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. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We spoke with three people who lived at the service and one relative to gain their views and experience of the service provided. Some people living in the service were not always able to articulate their views or had a poor memory. We also spoke to the registered manager, the registered provide and five staff. We also received feedback from one visitor.

We spent time in communal areas observing the care and support provided and the interaction between staff and people. We looked at six people's care files, medicine administration records, four staff recruitment records as well as staff training and supervision records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

# Is the service safe?

## Our findings

People continued to receive a service that was safe. One person said, "I feel very safe." Another person told us, "I think things are very safe here." A visitor commented, "I have no concerns at all about safety here."

Staff received training in safeguarding adults and adhered to good practice guidance to safeguard adults from avoidable harm. Staff were knowledgeable in recognising signs of possible abuse and reported any concerns to the registered manager. The registered manager liaised with the local authority safeguarding team if they had any concerns about a person's safety or welfare. At the time of inspection there were no on-going safeguarding concerns.

Recruitment at the service was safe with appropriate pre-employment checks in place. Staff files included references from previous employers, identification checks and application forms. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC). Staff told us that they were asked if any emergency cover was needed and staffing rotas showed that staff were working a safe number of hours each week.

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. These protected people and supported them to maintain their freedom and independence. Some people had restricted mobility and information was provided to staff about how to support them when they moved around the home. Risk assessments included areas, such as falls, fire safety and moving and handling.

People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and the support required in the event of a fire. They also contained information about people's mental health needs, and what additional support they should be given in an emergency.

Records showed us that staff had completed training on infection control. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. 'Spot checks' carried out by the registered manager of care staff providing people's care included checks that their practice minimised the risk of infection.

The administration of people's medicines were managed well, keeping people safe from the risks associated with prescribed medicines. The ordering, storage and returns of medicines were well planned and documented. Medicines administration records (MAR) were neat and legible. People had an individual care plan and a risk assessment to address the support required with the administration of their medicines. The care plan included the medicines people were taking and any precautions staff needed to be aware of. This meant staff were provided with the information necessary to support people with their individual requirements when administering their medicines.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited and analysed monthly to identify any trends or areas of increased risk within the service. Where any patterns were identified procedures were changed to protect people from the identified risk. For example, any falls had been fully documented, the individual care plan updated and details of the falls reported to the health professionals and additional guidance requested.

The premises were well maintained. The maintenance service made sure all essential works and servicing were carried out at appropriate intervals by the appropriate professional services. The maintenance person was in the service each day. This meant they were available to respond to requests for repairs and maintenance from people, the registered manager or staff without delay.

## Is the service effective?

### Our findings

People continued to receive a service that was effective.

Detailed assessments of people's care and support needs had been completed before individuals moved into the service. This was done to help ensure the service could meet the person's needs, expectations and preferences without impacting on people already using the service. Information gathered during the assessment process was used as the basis for the person's care plan. Technology and equipment was available that increased people's independence and safety. Examples included sensory alarm mats for people at risk of falls, hoists for assisting with transferring people and a call bell system that enabled people to call for assistance when needed.

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognised standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff. Staff told us they received training before they started working at Astley Grange. This training included, manual handling, safeguarding, personal care and fire safety, staff were also supported to attend refresher sessions regularly.

Records confirmed staff training included, Mental Capacity Act 2005, fire safety, safeguarding, dementia, end of life care. Staff files showed training was kept up to date which meant staff were equipped with current guidance to put into practice. In addition to this the registered manager carried out competency checks to determine how staff applied the learning gained. Clinical training for registered nurses was routinely undertaken to maintain the necessary skills to meet the needs of the people they cared for. The service followed best practice in end of life care.

People were supported to eat and drink sufficient amounts and to maintain a healthy balanced diet. One person told us, "The food is not bad at all." Another person said, "The food is fine." However one visitor told us, "My friend says the food isn't always great." The menu offered a choice of meals each day. The chef told us people were able to request alternatives that were not on the menu if they wanted to eat something different. The chef also had information from the nursing team about people's dietary requirements so the meals met people's specific needs, including diabetic meals and soft or pureed meals for people at risk of choking. In addition to main meals, snacks were available throughout the day. Whilst no person living at Astley Grange on the day of our inspection had any dietary requirements for food allergies the catering staff had not identified potential allergens in the meals provided. We discussed this with the registered manager and registered provider who informed us that this would be rectified immediately.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs and dentists. Care records showed staff shared information effectively

with professionals and involved them appropriately.

The environment was pleasant and free from malodour, with good signage to help people orientate around the home. Corridor walls had pictures of local scenes and buildings. The colours were bright, which helped people with poor vision move around safely. One visitor told us they thought the home was, "Very comfortable and clean."

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. Staff understood the importance of respecting people's choices and sought consent before providing support. Where people's capacity to make decisions was limited staff were provided with guidance on the sorts of decision the person had capacity to make and guidance on how to present information to enable them to make choices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service had identified some individuals who lacked capacity to make some decisions had restrictive care plans in place to keep them safe. Appropriate applications had been made to the local authority for the authorisation of these care plans. We saw staff consistently encouraging people to make their own decisions and seeking their consent before providing care and support.

## Is the service caring?

### Our findings

People continued to receive a service that was caring.

People were very complimentary about staff throughout the inspection and we noticed many kind and caring interactions from staff with people. We received positive comments from people including, "Staff are very kind and caring"; "Staff are lovely, always pleasant and helpful"; and "The staff are very helpful when I want them. They give me just the help I need and they always smile, which is nice." One visitor told us about their experiences of staff, "Staff make sure [person] is always well dressed in clean clothes with brushed hair and clean finger nails. All the staff seem dedicated to caring."

There was an unhurried atmosphere in the home that allowed people time to make their way around the home and supported their independence. We observed all staff showing affection throughout their interactions with people. They were friendly and warm in their conversations with people, crouching down to maintain eye contact and touch to communicate. People were cared for by care workers who knew their needs well.

People's religious and cultural needs were respected. People at the home received regular visits from a local church and staff explained how they were mindful about people's cultural and religious needs and would ensure that these were respected and that people were encouraged to maintain links with the community if they wished to do so.

Staff supported people to maintain relationships with family and friends. There were no visiting time restrictions and relatives were actively encouraged to visit whenever possible and always made to feel welcome. The service also recognised the impact a person moving into a care home could have on their relatives. A visitor told us they felt well supported by care staff. They said, "Staff are approachable, knowledgeable and communicate well."

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. Staff used computers to access care plans and record delivery of care. The electronic care plan system required individual passwords to access them, which ensured the information on them was secure.

People told us staff treated them respectfully and maintained their privacy and dignity. Comments included, "The staff are so kind and respectful", and "They always knock on the door before coming in." This was confirmed by our observations. Staff told us how they protected people's dignity when giving personal care and explained what they were about to do. One member of staff told us, "It's important I always close curtains and doors and cover people when delivering personal care."

## Is the service responsive?

### Our findings

People continued to receive a service that was responsive.

People had their needs assessed before they came to live at Astley Grange. A member of the management team visited the person, and involved them and their relatives in planning care. The registered manager explained that as well as assessing if the service could meet the person's needs, they also ensured the person's choices were considered and assessed the impact of their admission on the rest of the service before proceeding. We found evidence that these assessments had been carried out in people's care files.

Staff had a handover at the beginning of each shift to update them on changes to people's well-being or health, as well as the needs of new people moving to the service. During our inspection, we saw staff were quick to pick up on changes to people's health and well-being. They worked as a team and kept each other up to date.

Care plans were held digitally and accessed by staff using computers and staff used these records as their primary source of information about people's needs. Staff told us they were familiar with the system. One staff member said, "The care plan system is straight forward and easy to find the information you need." We reviewed the digital records and found they accurately documented people's care and support needs.

Care plans continued to be reviewed on a regular basis detailing achievements or changes since the last review and confirming the continued effectiveness of the plan or if changes were required. Care plan reviews were clearly responsive to people's changing needs to make sure staff had up to date information to be able to provide the care people needed and wished for. Staff had recorded in one person's review they had lost weight. Notes informed staff to keep weight under observation with a view to referring the person to a dietician for advice and intervention to support them to maintain their health and well-being.

Each person had an activities plan detailing their hobbies and interests and likes and dislikes. Records were clear if people liked to socialise and chat with others or whether they preferred their own company most of the time. Feedback about social opportunities and activities was positive. People we spoke with felt there was enough to do. One person told us, "I really like the things that happen here, it's not all bingo." There were planned activities displayed in the home which included walks, beauty therapy, flower arranging and board games delivered by staff. External people also came into the home to deliver exercise activities and pottery classes. Photographs of people taking part in activities were displayed in the home.

People told us they knew who to go to if they had any complaints, although they had not had reason to complain. The comments we received included, "I've no complaints at all"; "If I had an issue would go and talk to [Registered manager]." The registered manager had a complaints procedure should complaints be received. The procedure was clear and easy to read so people knew the process they could take in the first instance and who they could take their complaint to if they were not happy with the way in which their complaint was handled.

Arrangements were in place to support people at the end of their life to have a comfortable, dignified and pain free death. Records showed that staff involved people and their families in making decisions about end of life care in advance, in order to establish their wishes and preferences, should the need arise in the future.

## Is the service well-led?

### Our findings

People continued to receive a service that was well led.

A registered manager was 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.

One staff member said, "I like the manager, she is very approachable." A visitor told us, "I have had no cause to speak with the manager in depth but I know who she is and she seems very nice." The registered provider told us that the management and leadership at the service was in the process of being strengthened with the appointment of a deputy manager. Most staff felt well supported by the registered manager and the management team. They felt able to approach the registered manager and felt she listened to their views and opinions, although one staff member commented, "We can raise issues easily but things don't always change." We spoke to the registered provider about this. They told us they would investigate this further.

The staff we spoke with understood and shared the, culture, vision and values of the service and its objective to provide high quality care. The registered manager demonstrated a caring approach to their role. They had oversight of the service and worked closely with the registered provider to adopt a 'lessons learned' approach which supported continual improvement.

A range of audits were in place to monitor the quality and safety of the service provided. The areas checked included; People's care plans, medicines management, maintenance, health and safety, falls, accidents and incidents and infection control. The person undertaking the audit completed an action plan where improvements were required. A recent audit of staff supervision meetings had found that all staff had not received supervision in line with the provider's policy. The registered manager and registered provider were in the process of detailing the action required to address this shortfall.

People, relatives and professionals were encouraged to feedback and be involved in improvements at the home. There were regular resident and relative meetings and surveys which were used to gauge people's thoughts and ideas for improvement.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would

support them if they used the whistleblowing policy.

Information about the service's most recent inspection results and CQC rating was displayed in the reception area in accordance with requirements.