

MGB Care Services Limited

Ash Villa

Inspection report

159 Musters Road
West Bridgford
Nottingham
Nottinghamshire
NG2 7AF

Date of inspection visit:
17 December 2019

Date of publication:
04 February 2020

Tel: 01159819761

Website: www.mgbcareservices.co.uk

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

About the service

Ash Villa is a residential care home for ten people with learning disabilities. There were ten people living at the home at the time of our inspection. The service was a larger property than current best practice guidance. However, it was a large property which allowed people a lot of space; for example, there was a large extension on the ground floor which allowed for additional living space.

People's experience of using this service and what we found

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People using the service can live as ordinary a life as any citizen.

The risks to people's health and wellbeing were assessed and action taken to reduce them. There were systems to learn from mistakes including the detailed analysis of accidents and incidents. People were supported by staff who understood how to protect them from avoidable harm. There were enough staff deployed to keep people safe in the home and when they chose to go out. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection.

Staff received training to enable them to do their jobs well. Assessment ensured people were supported to transition into the service well. They were supported to maintain a healthy diet. Their health and welfare were managed with referrals to other professionals made when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were kind and caring relationships between people and staff which were based on dignity and respect. People felt involved with decisions and that staff respected their wishes. People had care and support provided which met their preferences. Complaints were handled in line with the provider's complaints policy. People did not currently receive end of life care but people had discussed their wishes with staff.

Staff enjoyed working at the service and felt respected and valued. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained exceptionally caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ash Villa

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Ash Villa is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information we held about the home which included notifications that they sent us to plan this inspection. On this occasion the provider had not been asked to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we gave opportunities for them to update us throughout the inspection.

During the inspection

We spoke with four people who used the service but people living at this home were not always able to give us feedback verbally. Therefore, we also spent time observing interaction with staff in communal areas. We spoke with one visiting relative about their experience of the care provided. We spoke with six members of

staff including the registered manager, the chef, senior care staff and care staff.

We reviewed a range of records. These included five people's care records and several medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- One relative told us, "As I don't live near it is important to know my relative is well cared for and I am 100% confident they are safe here."
- When safeguarding concerns were raised and investigated, action was taken to protect people from further harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- People had plans to guide staff to monitor certain health conditions; for example, some people required specific diets to manage their health. Staff we spoke with were very knowledgeable about this and told us of the measures in place to reduce the risk. One member of staff said, "We keep [Name]'s food separate in the kitchen at home and when we go out we bring their food with us to avoid any risk of receiving the wrong food."
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions were taken to reduce the risk.
- The registered manager reviewed all accidents and incidents to take immediate action. These were also sent to the provider on a daily basis to ensure action had been taken to keep people safe.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- We saw that staff had plenty of time to spend with people throughout the day and to respond promptly when assistance was requested.
- Staffing levels were flexible to meet individual need and activities. One member of staff said, "We recently went on a big Christmas shopping trip and extra staff were provided to support the trip and people who chose not to go."
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- We saw medicines given patiently and when one person did not want to take theirs the member of staff took them away and tried again later with a different more successful approach.
- When people were prescribed medicines to take 'as required', there was guidance in place to support staff to know when this was needed.

Preventing and controlling infection

- The home was very clean and there were arrangements to maintain this level of good hygiene throughout the week.
- Staff understood the importance of protective equipment in managing cross infection; for example, using gloves or aprons when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.

Staff support: induction, training, skills and experience

- Staff had the skills and training to support people well.
- New staff had detailed training and support before they started working with people independently. One member of staff told us, "I am shadowing to start with. I am reading people's care plans. Some of the people who live here aren't able to tell me what they like so I am spending time with staff who know them well and they are explaining their likes and dislikes."
- Other staff were provided with yearly refreshers or additional specific training when required. One member of staff said, "I have recently done moving and handling again and it was really good. The trainer was great and had us moving about a lot which really helped me to understand it."
- Staff also had regular opportunities for support through supervision sessions. They told us these were good opportunities to share ideas and ask for assistance when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with food they enjoyed and could make choices about what they ate.
- Several people had specialist diets and the chef had a very detailed knowledge of the food they needed. They told us about the close monitoring they completed when introducing new foods to ensure they suited certain people.
- Some people required support to eat their meals and we saw this was given patiently, with gentle and kind encouragement.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good relationships in place with other professionals to ensure that people received good person-centred support.
- Some people had health conditions which required tests which they were not accepting of. One member of staff explained how they were being supported with 'desensitisation'; that is, they were being taken to the environment gradually and building up the person's familiarity and trust with professionals at their pace until they were ready to accept the treatment.
- Each person had a health action plan which detailed their support needs and communication styles. It also

kept a record of all health check ups and we saw these happened regularly, including with the dentist to check oral health.

Ensuring consent to care and treatment in line with law and guidance

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 people 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
- There were clear records to evidence capacity assessments and best interest's decision making.
- Any conditions on DoLS were met or in progress and further applications had been made to the relevant authorising organisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were well supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People had caring, kind supportive relationships with the staff who supported them.
- We saw caring interaction between staff and people throughout the inspection. For example, one member of staff was singing one person's favourite song to them and the person showed their enjoyment through smiling. Other people were having a haircut and familiar staff stayed with them to put them at ease, chatting and telling them how lovely they looked.
- One relative told us, "It is a warm and caring environment but also very jolly. My relative is happy here and would tell me if they weren't. The staff are welcoming and supportive of my relative and me. I am very happy with it."
- Some people were less able to speak for themselves and they were supported to make important decisions through advocates. Advocates are professionals who are independent of the provider. There were also close relationships with other people's families to ensure people's wishes were understood.
- Staff told us how they encouraged other people to communicate choices; for example by giving them two things to choose from when they were not able to articulate it. They also reviewed people's behaviour to understand what they were trying to communicate through it. One person was now not getting up until late morning because analysis of their behaviour had shown they were more distressed when they got up early.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff spoke about people respectfully throughout the inspection visit and were cautious about confidentiality and ensuring any conversations with us were private.
- People were encouraged to be as independent as possible. We observed one person being gently encouraged to take their own drink by a member of staff who was reminding the person how well they did it before. It took several minutes of encouragement and then the person drank independently.
- People's bedrooms were private spaces, and this was reinforced by notices on their doors reminding staff to knock. Individual rooms were decorated to the person's taste and one person had decorations and their own Christmas tree.
- The registered manager explained how they used the dignity standards to support staff to understand what the values of the home were. They said, "I go through the national dignity council's challenges with all new starters and then remind staff in supervision. We have a dignity champion and it is regularly discussed in staff meetings. We also use this to do observations of staff; for example, one of them is how is each person treated as an individual and I will ask staff to explain to me how they do this."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them very well and planned support to meet their preferences.
- Care plans were personalised and very detailed. They were regularly reviewed and updated and focussed on a holistic approach to support. Staff told us they often had the opportunity to read them to ensure they had up to date understanding of people's needs.
- Staff told us they met regularly to discuss what support people required. One member of staff said, "We have a handover to speak about individuals we support to ensure they receive consistent support."
- There was also a keyworker system. One member of staff explained how they supported the people they were keyworker for. This included organising activities and holidays, consulting families, organising health appointments and ensuring their belongings were well maintained and replaced when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People led active lives full of social activities. Some people preferred organised regular activities such as day services and weekly social groups like a choir. Other people chose to plan their time on a more ad hoc basis, going for lunch or a walk when they felt like it.
- Activities were also provided within the home for people who preferred a quieter space and we saw people enjoying craft or sensory objects.
- People also chose and organised holidays with their preferred staff.
- Important relationships were encouraged, and some families and friends visited regularly. People had parties for special occasions and when we visited were busy arranging a Christmas party for people who were important to them.

Improving care quality in response to complaints or concerns

- Information about how to complain was shared in an accessible format in the home.
- One relative told us, "I don't have any concerns but if I did I would feel totally confident in sitting down and talking it all through."
- Any complaints received were managed in line with the providers procedure.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and it was clear how information should be shared with them. For example, a member of staff explained how one person showed they were in pain by rubbing their clothes.
- Information was shared in an accessible manner, using pictures and symbols to help explain it for some people.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been considered when planning their care. However, there was no one at this stage in their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was an open culture with all staff we spoke with sharing values about good person-centred care. Some of the people had lived at the home for many years and staff spoke of a family environment. The registered manager spent time with people and we saw people were comfortable and communicated easily with him in their way which he understood.
- Regular reviews and audits were completed to ensure the service was meeting standards and continually improving. The provider received a daily report which included a summary of each individual's wellbeing. The registered manager told us, "They look at them every day and will often telephone for an update or to check if everything is okay. They are extremely supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff explained their role and the leadership they provided. This included monitoring and checking records were completed for people.
- Staff felt valued and confident to speak up about anything that concerned them. Some staff were receiving educational support because English was not their first language. One member of staff explained how they could verbally communicate but these lessons had given them confidence in their written skills which they felt was important as they were responsible for completing records.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings with people who lived at the service. The registered manager told us, "We have monthly meetings on a Sunday and [Name] looks forward to them and will tell us when one is due. We discuss activities, keyworkers and any concerns. We also remind people about keeping safe; for example, we may practise fire procedures."
- We saw records were maintained and shared with people in an accessible format.
- Staff felt supported through regular team meetings. They said they were productive, and they were confident their views and opinions mattered and were listened to.

Working in partnership with others

- There were strong relationships with local health and social care professionals, education establishments and community groups.