

Askham Village Community Limited

Askham Place

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

Askham Place is registered to provide accommodation and care, with nursing, for up to 16 adults. People who live at the home have complex physical disabilities. Askham Place is part of the Askham Village Community, which comprises of four care homes, each catering for a different client group, built around a central courtyard garden. Askham Place is on one floor, with a large lounge/dining area, adjacent to the main kitchen, and all bedrooms are single rooms with an en suite bathroom. There is a shared café opening onto the courtyard, which is open to the general public.

This comprehensive inspection took place on 24 May and 22 June 2016 and was unannounced. There were 16 people living at the home when we visited.

As part of its conditions of registration, this home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run. There was no registered manager in place as the registered manager had left two weeks before the inspection. The provider's Operations and Quality Manager was managing the home.

People were comfortable with the staff and people's relatives were happy with the support provided to their family members. Staff liked working at Askham Place and were well-supported by the manager and senior staff.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people had been assessed, which meant that people were kept as safe as possible.

There were sufficient staff on duty to make sure that each person had the support they needed to do whatever they wanted to do. Staff had been recruited in a way that made sure that only staff suitable to work in a care home were employed. Staff had undertaken a range of training in topics relevant to their role so that they were equipped to do their job well. Medicines were managed well so that people received their prescribed medicines safely.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Staff had a good understanding of the principles of the MCA. Appropriate applications had been made to the relevant authorities to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People's healthcare needs were monitored and staff involved a range of healthcare professionals to make sure that people were supported to maintain good health and well-being. People were given sufficient amounts of food and drink and people's dietary needs were met.

Staff showed that they cared about the people they were supporting. Staff treated people with kindness, respect and compassion and made sure that people's privacy and dignity were upheld at all times. People's personal information was kept securely so that their confidentiality and privacy were maintained.

People's relatives were involved in the planning of their family member's care and support. Staff gathered as much information as possible about each person so that their support plans were personalised. This meant that people received the support they needed in the way they preferred.

A wide range of activities and outings was organised to make sure people had opportunities to do whatever they wanted to do. People and their relatives knew how to complain and complaints were responded to in a timely manner.

The manager was approachable and people, relatives and staff were satisfied with the way the home was managed. People and their relatives were encouraged to share their views about the quality of the service being provided to them in a number of both formal and informal ways. Staff were also given opportunities to share their views about ways in which the home could continue to improve. Audits of all aspects of the home were carried out to make sure that a good quality service was provided. Records were maintained as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Potential risks to people were identified, assessed and managed so that people were kept as safe as possible.

Staff had undertaken training in safeguarding and were aware of the procedures to follow if they suspected anyone was at risk of being harmed. Medicines were managed safely.

There was a sufficient number of staff on duty to make sure that people's needs were met and people were kept safe. Staff recruitment had been done in a way that made sure that only staff suitable to work in a care home were employed.

Is the service effective?

Good ●

The service was effective.

Staff had received training and were acting in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff had received training and support so that they were competent to carry out their role.

People's healthcare needs were monitored and met. People received suitable food and drink in adequate amounts so that their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

The staff were kind, compassionate and caring in their interactions with people who lived at the home.

People were treated with respect and staff supported people to maintain their privacy and dignity. People were given opportunities to make choices about all aspects of their daily lives.

People's confidentiality was preserved and their personal information was kept securely.

Is the service responsive?

Good ●

The service was responsive.

Personalised support plans were in place and gave staff detailed guidelines on the support needed by each person.

A range of activities and outings was arranged with people so that they had plenty to do to keep them occupied.

People's relatives knew how to complain and their complaints were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

The home had an effective management structure in place and staff were supported well.

The manager was approachable and people, their relatives and the staff were encouraged to give their views about the service provided.

Staff and the manager carried out quality assurance checks on various aspects of the home to ensure that a good quality service was provided.

Askham Place

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 home, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by an 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 expert by experience at this inspection was a carer for relatives with a range of health conditions.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

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.

During the inspection we observed how the staff interacted with people who lived at Askham Place. We spoke with seven people who lived there and seven members of staff (two nurses, three care workers and two members of the activities team). We also spoke with the Quality Nurse and the Operations and Quality Manager who was managing the home. We spoke face-to-face with two people's relatives and we spoke with another three relatives over the telephone. We looked at two people's care records as well as some other records relating to the management of the home, such as staff training records and some of the quality assurance audits that had been carried out. Following the inspection we asked the provider to send us some additional information. We also contacted some healthcare professionals that the service told us they had regular contact with. We received responses from three healthcare professionals.

Is the service safe?

Our findings

People told us that they felt safe living at Askham Place. One person said, "I do feel happy and safe" and another person explained that they "like it here" because they felt safe. A third person told us, "Staff are good, they treat you nice". We saw that people who could not tell us directly showed by their body language that they felt comfortable in their home and with the staff. Four out of the five relatives we spoke with were sure that their family members were safe. One relative, in relation to safety, told us, "My [family member] would tell me if [they] were not happy."

The provider had systems in place to keep people as safe as possible from harm. We found that staff had a good understanding of the meaning of safeguarding people. One member of staff described safeguarding as "protecting [people] from abuse and neglect". Another member of staff said, "Safeguarding is about keeping people safe without compromising their individuality and independence." Staff demonstrated that they would recognise if anyone was experiencing or at risk of harm and they would know the procedures to follow. They said they would report to the nurse in charge or the management of the home. They also knew that they could report to external agencies such as the local authority's safeguarding team. One member of staff said, "We have a hot-line number to ring the safeguarding team." There were posters on display in the home to guide people, visitors and staff on who to contact if they felt a person might not be safe.

Records showed that assessments of potential risks to people had been carried out. These included risks relating to falling; not eating or drinking enough; and the risk of getting pressure sores. Guidelines had been put in place for staff so that they knew how to manage and reduce any risks to people's safety. At our first visit we found that the assessment of whether a person required bed rails was not personalised, not signed or dated and gave no indication that the person had been involved in the decision. The decision had not been transferred to the care plan. By the time of our second visit the provider had rectified this issue, amended the assessment and care plans showed whether a person required bed rails.

The provider had taken steps to ensure that staff had guidance on what to do in an emergency. A personal emergency evacuation plan was on file for each person; records showed that maintenance staff checked the fire safety system as required; and the provider told us that a fire risk assessment was in place. The provider had made arrangements in the local area for accommodation for people if the home had to be evacuated for any reason.

We checked whether there were enough staff on duty to make sure that people's needs were met. We found that there were sufficient staff to keep people safe, although some people felt that on occasion the home was short of staff. One person told us, "Sometimes staff are a bit short [not enough staff]." A member of staff said, "Sometimes we're short of staff, but people still get the care they need." One person praised the staff and told us, "If I need the toilet they [staff] take me straight away." A healthcare professional who visited the home very regularly told us that there were enough staff; "plenty of care assistants". They said the effect of this on people who lived at the home was that "they are happier." The manager stated, and records confirmed, that there were five care staff and a trained nurse rostered to be on duty during the day. During the inspection the lead nurse was also on duty, mainly to deal with administration tasks, but they supported

the staff when needed. The activities team helped care staff to assist people who needed support to eat their lunch.

The manager reported that a recognised method of assessing each person's level of need was used to identify how many staff were required on each shift. In the PIR the provider wrote, 'Staffing levels are determined based upon the dependency of the residents and are reviewed at least monthly. Should there be any changes requiring additional staffing then this is provided to ensure consistent quality and safe care for residents.' The manager confirmed this. The provider also told us that a new staff rota system had recently been introduced. They wrote, 'The current fixed rota has been replaced with a rolling rota to give Management greater flexibility with ensuring full cover at all times including at times when there is last minute/short term sickness.' In this way they ensured that a correct number and skill mix of staff would be on duty on each shift. A member of staff told us that staff "took it in turns" to cover vacancies in the other homes on the site when needed.

The provider had a robust recruitment procedure in place. The provider wrote, 'The process for ensuring that the people are protected from abuse and avoidable harm begins at the recruitment stage.' Staff confirmed that all the required checks, including references from previous employers and a criminal record check had been in place before they were allowed to start work. One member of staff told us that they had been "fully trained and gone through all the necessary procedures."

We looked at how people's medicines were managed. People told us they were satisfied with this aspect of their care. One person explained the procedure that staff used when staff gave them their medicines. They said, "[Staff] put them [tablets] in my mouth and watch me swallow them." We saw that medicines were stored safely and within the correct temperature range. Medicine administration record (MAR) charts showed that staff had signed to show that they had given people their medicines as prescribed. We checked the amounts of some medicines remaining in their original packets and found that the amounts tallied with the records. Any medicines not required had been disposed of correctly. We found a couple of minor anomalies in the recording of medicines administration. Staff were not always following the same procedure in the recording of medicines prescribed to be taken 'when required' and one record book had not been completed correctly. However, we could see that people had been given their medicines as they had been prescribed. A healthcare professional told us they had no concerns about the way medicines were managed.

In the PIR the provider stated that regular training sessions in medication administration were arranged for the nursing staff who gave people their medicines. They said that nurse competency 'is continually reviewed.' Nurses confirmed that they had undertaken training, completed medicines workbooks and had their competence assessed so that people were given their medicines safely.

Is the service effective?

Our findings

Staff told us that they had undertaken a range of training courses to ensure that they could do their job properly. They said that topics included safeguarding, moving and handling, deprivation of liberty, fire safety and food hygiene. Staff said that training was a mixture of learning done on the computer (e-learning) and face-to-face learning. The manager told us that all except one member of staff had been awarded a national vocational qualification in care. A member of staff from an agency told us they had undergone all the necessary training through their employer. This meant that the provider had ensured that staff were equipped with the knowledge they needed to carry out their role effectively. A relative said, "Staff know what they're at [doing], they know how to diffuse a situation, they know people, they're all excellent."

Staff told us they felt supported by the management and senior staff. They told us they had regular supervision with their line manager. One member of staff said it was "very useful". Another told us they "liked working" at the home and felt that "senior staff supported" them. A healthcare professional said, "Staff are quite stable and residents benefit from consistent care."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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.

Following our inspection of this service in April 2015 we recommended that the provider sought advice and guidance from a reputable source about ensuring that the rights of people who lacked the mental capacity to make all their own decisions were upheld. The provider told us they had arranged for staff to attend the local authority's face-to-face training sessions on MCA and DoLS, in place of e-learning.

Staff demonstrated that they had a good level of understanding of the principles of the MCA. Staff had completed assessments of people's mental capacity to make certain decisions and applications for authorisation to deprive some people of their liberty had been made to the local authority. This demonstrated that the provider had followed our recommendation and that the rights of people who lacked capacity to make certain decisions were now being protected.

People were supported to have enough to eat and drink. Each person's nutritional and hydration needs had been assessed, recorded and regularly reviewed. Where staff had had concerns they had contacted the dietician for advice. People told us they had a choice of food and were always asked the day before what

they would like. One person told us they were always given two choices for lunch and if they did not like either of those they could suggest something. At lunchtime we saw that people enjoyed their choice of food and that people who required a special diet had been catered for.

People's healthcare needs were met by a range of healthcare professionals such as GPs, the community dietician, a chiropodist and hospital consultants as well as the provider's own nursing and therapy staff. A healthcare professional who visited the home regularly told us, "The manager has been supported by the employment of an experienced district nurse, which has helped the nursing team expertise." One person told us that if they asked to see their doctor the staff were "very good, they call them [the doctor] straight away." Another person said, "Staff are very good. I was poorly They [staff] called the doctor the next day and got me better." We saw that there was a record in each person's care plan on which staff could record all contact with healthcare professionals. GP visits had been recorded, and records showed that staff had supported people to attend hospital appointments. However staff had not recorded visits from some other healthcare professionals, who kept their own records. This meant staff were not able to tell us when someone had last seen, for example, the chiropodist or the optician, nor when the next appointments were due.

According to their care plan one person, who was not able to communicate and needed full staff support, suffered from a medical condition that needed monitoring by staff. There were instructions for staff in the person's care plan about when to call the GP. Staff had not followed these instructions. Following the first of our visits to the home the manager told us that staff had contacted the doctor. They said the doctor had been satisfied with the actions taken by the nursing staff.

The provider employed a number of therapists, including physiotherapists and occupational therapists (OT) to provide support to people with their rehabilitation. The trained staff had assistants to help them who were not fully trained. At the time of our visit, the provider had not been able to employ an OT. Most people felt they received the therapy they needed and we were given examples of how people's abilities had improved. However, one relative told us they were concerned that their family member was not making the progress they had expected as some of the therapists were not trained. The manager agreed that they had not yet been able to appoint an OT with the skills required but that all the assistants worked with guidance from qualified staff.

Is the service caring?

Our findings

People made very positive comments about the staff. They told us they were treated very kindly and they were happy living at Askham Place. One person said, "Staff are very caring." Another person told us, "I love being here and staff are very caring." Relatives were also happy with the care being given to their family members. One relative told us, "My [family member] is very well looked after. I always see them treat [name] with kindness and compassion." Another relative told us, "Staff are very good at knowing [name's] needs." A third relative said, "The care here is excellent. I can't fault what they've done for [name] and for me. They've listened and tried every which way to provide what I think [name] needs."

A member of staff said, "You treat people how you'd want to be treated yourself." In the PIR the provider told us that Askham Place has 'a high standard of carers who contribute towards making the Place a home for all residents. They are caring, sympathetic, empathetic, responsive and dynamic towards the residents' needs and wishes.' One relative told us, "What I like best of all is that they treat [name] as a person even though [name] can't communicate with them."

Some people who lived at Askham Place were not able to communicate with us using words. We saw that they were comfortable with the staff and enjoyed their company. Interactions between them were warm, friendly, caring and respectful. We saw staff talking to people in a calm, reassuring way and always referred to each person by their name. A relative told us that they were "very happy with staff. They're kind and patient."

At lunchtime staff chatted with people they were assisting and throughout the day we saw that there was lots of laughter and banter, which everyone enjoyed. We saw that staff knew people well, knew their individual needs, likes and dislikes and showed that they genuinely cared about people. A member of staff told us, "We treat people as family; we have a laugh and a joke."

A healthcare professional told us, "Staff treat people with dignity. Staff are most definitely compassionate and caring. They are kind and dedicated." They explained that one of the ways in which staff promoted privacy and dignity was by ensuring that all medical consultations were held in the privacy of the person's bedroom. We saw that personal care was offered and dealt with discreetly and staff always knocked and waited before entering people's bedrooms.

People were encouraged to be as independent as they could be. At lunchtime we saw that people were offered support from the staff but only when they really needed it. A range of specialised equipment, such as specially designed cutlery and plate guards was in use to make it easier for people to eat and drink without assistance. Staff were aware of who might need some help. A relative was pleased that staff "understand [my family member]'s got worse and they're very understanding."

One person told us, "Staff are very good. If I run out of personal supplies they run out and get them for me." A healthcare professional considered that staff had 'gone the extra mile' to support one person who lived at the home. They told us "One resident with [a neurological condition] wanted a [medical procedure that

could only be carried out at the surgery]. Staff brought [name] to the surgery with a hoist to assist the practice team."

Visitors told us they were welcomed at the home at any time. In the PIR the provider wrote, 'Askham has an open visiting policy which places no restrictions on the time family or friends are able to visit any resident. Families are actively encouraged to visit and spend quality time with their loved ones. For example, on Christmas Day several residents and their relatives enjoyed Christmas day together including dinner provided by the Askham Chef.'

People's care records were stored securely so that people and their families could be assured that people's confidentiality was respected.

Is the service responsive?

Our findings

During our inspection in April 2015 we found that the provider was in breach of Regulation 9, Health and Social Care Act (Regulated Activities) Regulations 2014. People were not involved in planning their care and support and care plans did not contain sufficient information for staff to deliver consistent, personalised care. The provider sent us an action plan and told us they would be compliant with the regulations by 31 July 2015.

During our inspection on 24 May and 22 June 2016 we found that improvements had been made. The provider had employed a Quality Nurse to completely review the care planning system and introduce uniformity in the care plans across all four care homes. Care plans were written in a personalised way and provided staff with guidance on the way each person preferred to be supported so that their needs were met. We saw that people, and their relatives, had been involved in planning the person's care. A health care professional told us that they felt the care was personalised.

Staff carried out an assessment of each person's needs before the person was offered a place at the home. The provider wrote that, as part of the admission process, they contacted the person and their relatives 'to encourage them to take an active role in the care planning process and be part of the care team by highlighting any changes they have noticed.' Care plans were developed from the assessment and were reviewed weekly by the home's team of nursing, care and therapy staff. The plans were adjusted as staff got to know the person better and as the person's needs and goals changed. People and their relatives were invited to monthly reviews to discuss whether the plans met the person's current needs. People told us that they knew about their care plans and one person gave us details of her family members who she had invited to be involved in the process. A relative told us they had been involved in their family member's care plan.

The provider had a very active team of staff who worked across the four homes to organise activities, outings and events for people to participate in. During our visit to Askham Place we saw that some of the team were very involved in engaging people in a number of different sessions to keep them occupied. Throughout the day a range of games and quizzes were offered and people were encouraged and supported to be involved. People who could not communicate or who did not have much movement were assisted by staff to join in. We saw that people who participated thoroughly enjoyed themselves. People told us that for the Queen's 90th birthday they had had a competition to see which home could be the best decorated. Everyone had joined in; people who lived at the home, their families, staff and visitors.

Staff told us and we saw that people and their relatives made good use of the Askham Café. It meant they could be away from their home for a while and meet people from the other homes and people from the village who had dropped in for a coffee. Regular outings, including boat trips, were arranged. Every Friday there was a coffee morning for people to attend if they wanted to and once a month members of the Fenland Community Church called in to see people. A group called the Sunshine Singers had been formed, made up of staff and anyone else who wanted to join in. Once a month they got together with the other three homes to have a singing session.

The provider had a complaints process in place, which was advertised in the home. There was a number of ways for people and their families to raise any concerns if they needed to. One person told us, "I've been here [for several months]. I've no complaints." Other people and their relatives told us that if they needed to say something about their care or needs they would be happy to talk to staff or to the manager. One relative said they were very satisfied with their family member's care and had no concerns. A healthcare professional told us, "Complaints and feedback are listened to."

Is the service well-led?

Our findings

People and their relatives told us they were happy living at Askham Place. One person said, "I like it here and I'm happy." Staff told us they liked working at Askham Place. One staff member said, "It's really good working here" and described how proud they were of the progress some people had made towards their goals. Another member of staff who had worked at the home for a number of years said, "I love it here. I wouldn't still be here if I didn't like it."

The culture of the home was changing for the better. The manager told us that in their view "staff are happier. There's a lot more smiling and giggling around." They felt that staff were more "pro-active and forward thinking" and that "everyone's starting to take ownership." Staff told us that senior staff had started to make small gestures to thank them for their work, such as bringing sweets in for the staff. The owners had provided a barbeque for the staff at the Queen's birthday celebrations. One member of staff told us, "It's very friendly, I like it. Everybody gets on with everybody. We work as a team." Another said, "Morale is better now."

At the time of our visit there was no registered manager in post. The registered manager had left about two weeks before our first visit. The provider had told us and had given us details of the management arrangements that were in place while they recruited another manager. The provider's Operations and Quality Manager was managing the home in the interim period.

Although people and their relatives were not sure who 'the manager' was, they all knew the manager, saw him frequently and knew they could speak with him if they needed to. There were no concerns about the management of the home. A healthcare professional who visited the home regularly, when we asked if the home was well-led, said, "Askham Place is much improved over the last two years in my opinion." A member of staff told us, "It's much better now than when I started." Another member of staff said that management "is improving". They were pleased with the appointment of the Operations and Quality Manager as the role provided a link between the staff in the home and the owners. Another member of staff told us that "management is quite responsive. They brought in the Quality Nurse."

People and their relatives were given lots of opportunities to be involved in and give their views about the running of the home. There was a coffee morning every Friday at which people and their relatives could put forward their opinions. Relatives meetings took place four times a year and the provider wrote to all relatives to invite them. Relatives confirmed that they had had a written invitation, but many did not feel they needed to attend.

Staff also felt they had plenty of opportunities to put their views forward and that their views would be listened to. Staff meetings were held regularly, all staff had one-to-one supervision with their line manager and there was a method of staff making anonymous comments. This was called a 'smiles and frowns' box and staff could write down things that made them smile or frown. Each month the provider logged all the comments and wrote their response. Whenever possible, they made improvements that had been suggested.

Staff understood the provider's whistle-blowing policy and felt they could talk to the management team if they had any concerns about their colleagues' practice. Staff told us they had not had to blow the whistle. One member of staff told us they would whistle-blow if they needed to. They said, "I think I would be protected, I haven't heard otherwise here."

Askham Place was part of the local community. Members of the public visited the café and met people who lived, worked at and visited the home. A healthcare professional told us, "People from the community visit the café which gives it a sense of normality." They also said that there were other ways in which the home had become part of the local community, including visits from a local scout group; a fete was organised each year for the local community to attend; and art displays had been held.

The provider had a system in place to monitor the quality of the service being delivered to people by the staff. Audits of all aspects of the service were carried out by various senior staff who reported back to the manager. Weekly reports across a range of topics, including details of the audits that had taken place, were completed by the manager and sent to the management team so that they could be discussed at the weekly Board meeting. Action plans were produced, which the manager was responsible for completing within the set time frames. This meant that the service provided continued to improve.

We found that records were maintained as required and kept securely when necessary. Records we held about the home confirmed that notifications had been sent to CQC as required by the regulations.