

Statepalm Limited

Ascot House - Scunthorpe

Inspection report

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Date of inspection visit:
06 March 2017
09 March 2017

Date of publication:
18 April 2017

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

Ascot House is a care home registered to provide personal care and support to a maximum of 40 people, some of whom may be living with dementia. It is situated within walking distance of Scunthorpe town centre and its surrounding areas. There are a range of communal areas on the ground floor. Bedrooms are provided on the ground, first and upper floors with lift and stair access. At the time of our inspection visit there were 35 people using the service.

The service is also registered to provide personal care to people living in their own homes, who may access the main service on a day care or respite basis, in order to give them continuity of provision. At the time of this inspection this facility was not being utilised.

This inspection took place over two days 6 and 9 March 2017 and was unannounced. At the last inspection in December 2014, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service was safe. Care staff had received training to ensure they knew how to recognise and report potential abuse. Risks to people were identified and plans put in place to help manage and minimise these from occurring. Medicines were managed safely and checks were made to ensure staff were competent to administer people's medication. There were sufficient numbers of staff available to meet people's needs.

The service was effective. Care staff were provided with effective training, development opportunities and support to enable them to meet people's needs. People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. The nutritional and hydration needs of people were appropriately supported and they were able to make choices about these from a variety of home cooked meals. People's medical needs were monitored with support and guidance sought from a range of health care professionals, including district nurses, GPs, speech and language and occupational and physiotherapists

The service was caring. People and their relatives were involved and included in decisions about the way their support was provided. People were treated with dignity and respect and care staff provided their support in a kind and compassionate manner. People were consulted and their opinions and views were considered to enable the service to learn and develop.

The service was responsive. People received their support in an individualised way, which was personalised to meet their needs. People's support reflected their wishes, preferences and needs and this was updated and reviewed in a regular manner. People were provided with a range of activities to enable them to have opportunities for meaningful social interaction. People's feedback, including complaints, were welcomed and acted upon by the service to help it to learn and develop.

The service was well-led. The service had an open and positive ethos and people, their relatives and staff

were positive about the way it was managed. Systems were in place to ensure the quality of provision delivered to people was assessed and monitored and therefore enable the service to continually improve.

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.

Ascot House - Scunthorpe

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

This inspection was carried out by an adult social care inspector and took place on 6 and 9 March 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. At the time of our inspection there were 35 people using the service.

Before the inspection we checked the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We also looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

As part of our pre inspection process we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England. Healthwatch and the local authority safeguarding and performance teams told us they were not aware of any current concerns about the service.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who cannot speak with us.

We spoke with five people who used the service, five visiting relatives, three members of care staff, a senior carer, two members of ancillary staff, the registered manager, the deputy manager, an operations director and the registered provider. We also spoke with three health and social care staff who were visiting.

We looked at three care files belonging to people who used the service, five staff records and a selection of

documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service were protected from risk of abuse and avoidable harm. They told us they felt safe and were comfortable in the home. People told us they were happy with the staff and trusted their skills. One person told us, "If you need any help, they (staff) are there. They keep popping in to see if I'm alright." This person went on to say, "I'm as comfortable as can be. I have been seen by the doctor and get my tablets and eye drops at regular times."

A relative told us, "I came and visited and was impressed with the place. The main thing is that they are safe; I previously couldn't leave [Name of person] alone. I feel better now they're here."

Staff demonstrated a positive understanding of their responsibilities to ensure people were protected from potential harm. Staff had confidence the registered manager would take action to follow up safeguarding concerns when required. Training had been provided to ensure staff knew how to recognise and report issues of possible abuse.

Safer recruitment practices were followed and relevant checks completed before new employees were allowed to work unsupervised. Pre-employment references were obtained before offers of employment were made, together with official checks by the Disclosure and Barring Service (DBS). This helped ensure safer recruiting decisions were made and minimised the risk of unsuitable people working with vulnerable adults.

A positive approach was adopted to ensure people were supported to take risks safely and where possible encouraged to make choices and decisions concerning their lives. The service worked proactively with the local authority to promote people's independence. Incidents and accidents were monitored regularly to enable the service to identify potential themes and take action to minimise them from reoccurring again. Regular checks were completed to ensure the environment and equipment was well maintained.

There were sufficient members of staff available to meet people's needs. Care staff were available to respond to people's needs and requests in a timely manner. We observed care staff worked well as a team and saw they interacted positively with people who used the service. We found staffing levels were assessed on an on-going basis, according to people's individual needs and dependencies and this ensured there were sufficient numbers of staff available.

Systems were in place for the safe management of medicines. People's medicines were securely maintained and staff had completed relevant training and had their competencies to administer medicines checked on a regular basis. Medication administration records (MARs) had been accurately completed and people's medicines were audited on a monthly basis. The supplying pharmacy visited annually to check that the medication systems in the service were used correctly.

Is the service effective?

Our findings

People who used the service were positive about their care and support and felt their quality of life had improved since they moved into the service. People confirmed they enjoyed their meals and that their nutritional needs were well supported. One person told us, "We always get choices about the food, I like the steak and kidney pudding and apple crumble best. The care staff weigh me every week. I lost a bit of weight when I was poorly, but I soon put it back on." Relatives confirmed the quality of the food was good. One told us, "I have sampled the food and it's excellent, as I had a meal here at Christmas. I am able to visit anytime." Another relative told us how their mother had been provided with supplementary thickened foods and that speech and language therapists had been involved due to swallowing difficulties. Speaking about this, they commented, "She's put on weight and is now looking so much better."

People were supported to maintain their health and wellbeing. The service had close links with community healthcare professionals, such as the district nursing service and GPs. People's care records contained evidence of consultation with their GPs. They also evidenced close monitoring of people's medical conditions with visits from professionals arranged promptly. A relative commented, "The staff here are amazing. [Name of person] had to go into hospital recently and the staff phoned to keep me involved, they had pneumonia last year and this place pulled them through." A community health care professional told us, "I have never had an issue at this home. Care staff know the people well and are able to answer our questions about their needs. A member of care staff is always available to see us when we visit."

People received effective support from staff who were well trained and kept their skills up to date. The registered manager told us, "Staff attend in-house training and various training programmes with the local authority. I have support of an Adult Skills Assessor/Tutor who visits weekly to support staff with on-going qualifications and personal development." Staff training records showed a variety of opportunities were provided to enable care staff to develop their skills and receive professional supervision to ensure they understood their roles and responsibilities. This included training on people's specialist needs and participation on nationally recognised courses to help staff develop their careers.

Care staff demonstrated a good understanding of their duty to promote and uphold people's human rights. 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). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be renewed.

Specialist signage was available to help people orientate themselves around the service, together with use of comforting diversionary objects, to help provide people with reassurance when required.

Is the service caring?

Our findings

People told us that care staff were kind and friendly and promoted their individual needs and personal wellbeing in a respectful manner. One person told us, "The girls are all very hard working and wonderful and you can really talk to them." Whilst a relative commented, "They've (staff) always got time for you, as soon as you arrive, they offer you a drink."

Two visiting physio and occupational therapists told us the service worked well to help people regain their skills following periods of hospitalisation. One told us, "People's rehabilitation plans are followed through well and care staff are keen to engage in peoples programmes and carry out exercises with people as needed." A relative told us how their mother had been helped to regain their independence, following a stay in hospital. They told us how care staff provided encouragement and support when required to ensure their mother's dignity was promoted. They commented, "I can't wish for anything better, they (staff) keep me updated about any concerns and ring me straightaway if they need to get medical attention." They went on to tell us, "My [relative] calls it her home. The care staff are lovely and friendly and they work with me and the family and involve us in all her care."

We found people's care records contained information about their preferences and wishes to help care staff support their personal aspirations. People told us care staff respected their wishes for privacy and spoke to and involved them about decisions and choices with regard to their support in a respectful manner.

We found care staff demonstrated a positive regard for what was important and mattered to people and saw they knelt down closely to people when talking with them to ensure they were understood. We observed care staff interacted with people in a sensitive and compassionate manner and engaged with them in a caring way.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required. Personal details about people were securely maintained and we observed care staff respected people's confidentiality and did not disclose information to people that did not need to know.

Is the service responsive?

Our findings

People who used the service confirmed care staff listened and involved them in decisions about their support to ensure it was personalised to meeting their individual needs. One person told us, "If I feel poorly I tell the staff, they had the doctor out to see me at dinner time. If I want anything they do it for me." This person confirmed they knew how to raise a concern and had confidence that action would be taken to address issues in a timely way. They told us, "If I was unhappy about anything I would soon be telling [Name of registered manager]. I had a concern once about the lateness of breakfast and it was soon put right."

There was a complaints policy in place to ensure people's concerns could be listened to and addressed. People told us they knew how to make a complaint and felt that these would be followed up when required in line with the registered provider's policy.

Information in people's care records contained a range of assessments and care plans about their individual needs, to help care staff support their wishes and aspirations. We saw people's care plans were reviewed and updated on a regular basis and found people and their relatives were involved in this process. A social work practitioner told us, "The person I work with is well supported by the service. They are encouraged to make decisions about the support they receive and about their daily activities. When issues arise, for example when their needs changed, the service identified this and implemented new strategies to manage this." The social worker went on to comment, "I have had no concerns regarding the support they receive. I have met with their relative and they are also happy with the support that [Name] receives."

Throughout our inspection we observed a calm and inclusive atmosphere throughout the service. We observed people involved in games of cards and saw evidence of a regular programme of activities to ensure people had opportunities for social interaction. One person told us, "I generally choose not to join in most of the activities but I do like going to the pie and pea suppers." The service was currently advertising for an activities coordinator to replace the previous one who had recently left.

A member of teaching staff from a local college commented positively on the meaningful engagement and participatory approach to obtain people's views in the choice of new fabrics for the furniture that had been recently obtained.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the service and felt it was well-led. A relative told us, "The management is good and listens to us, if we ever have any concerns they are always dealt with straight away." A social care practitioner commented, "I have made unannounced visits and the support was consistent even when the staff were not expecting me to visit." They went on to tell us, "The manager of the home has chaired all the reviews and has a good knowledge of the needs of the person I support. They appear to run the home efficiently."

There was a registered manager in post. 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 service is run.

The registered manager had a range of knowledge and experience to effectively manage the home and took their role seriously. The registered manager had notified the CQC about incidents and notifiable events that occurred during the delivery of the service to enable us to take action when this was required. We found the registered manager was supported by a deputy manager, who was currently undertaking a level 5 Diploma in Leadership in Health and Social Care. This helped them keep up to date with good practice issues and developments in the care sector. There was evidence the service worked well with local care home initiatives and welcomed their involvement to help the service continually improve. The registered manager told us, "I like to manage from the heart and get people rehabilitated to live a full and active life."

Systems and procedures were in place to enable the quality of the service to be monitored and assessed. We found this included regular visits from the registered provider's operations director to ensure that where shortfalls were noted, action plans were developed and followed up in a timely manner. We were shown a new tool that had been developed to help analyse and reduce risks to people from falls. The operations director told us they were intending to develop similar tools for other aspects of the service to help identify trends and areas that required further training and development.

We found the service had an open and positive ethos and welcomed the involvement of staff and people who used the service. Regular meetings were held with both staff and people who used the service and their relatives to enable them to participate and provide feedback on developments in the service. Care staff told us that management was supportive and provided them with feedback in a constructive way. Care staff told us they were encouraged to question their values and behaviours, which helped develop their skills. There was evidence care staff were valued by the organisation and received recognition for their length of service and that the registered provider sponsored local authority community championship awards. Care staff told us they enjoyed their work and we saw they were confident in their roles. Speaking about the people who used the service one member of care staff told us, "They (people) are the reason we do our job. We try to get them out and about, we ask them how they feel and prevent things occurring."