

Shaw Healthcare (de Montfort) Limited

Ashfield House - Raunds

Inspection report

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Raunds
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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

About the service

Ashfield House – Raunds is a residential care home for up to 40 older people and people living with dementia. At the time of inspection there were 32 people living at the home.

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

There was a registered manager who had been the manager of the service since it registered with CQC in September 2012.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to see relevant health and social care professionals.

There were enough staff deployed to meet people's needs. People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted on. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 25 February 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashfield House - Raunds

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 undertaken 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 had experience of caring for older people who use regulated services.

Service and service type

This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 and took place on 20 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the a cleaner, a laundry assistant, a cook, two care staff, a team leader, the registered manager and the operations manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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

- People told us staff helped them to feel safe. One person said they were, "perfectly safe here."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "I would report any safeguarding concerns to the manager. I have not had to though."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained. This included sharing info with LA safeguarding and putting measures in place to reduce the chance of reoccurrence.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff demonstrated how they were aware of people's risks and acted to mitigate these risks. For example, one member of staff showed how they prompted and encouraged one person to rest from walking around, as they were prone to falls when they were tired.
- People who used call bells told us the call bells were answered quickly. Staff carried out regular checks on people who could not summon assistance.
- People were protected from environmental risks and the risk of fire. Each person had been assessed for their mobility needs in the event of an evacuation and these assessments were kept updated.

Staffing and recruitment

- There were enough staff deployed to provide people with their care. Where there were staff shortages due to last minute sickness the registered manager called on bank staff. One relative told us, "They call in staff, if staff are on sick or on holiday."
- People received care from a regular group of staff who knew people well.
- Staff were recruited using safe recruitment practices. References were checked for their suitability to work with the people who used the service. The registered manager told us they employed people for their caring attributes, "I don't just fill the rota, I want the right people [staff]."

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment

(PPE) such as gloves and aprons. One member of staff told us, "We all monitor our infection control practices, and prompt each other. Even when using gloves, we still have to wash our hands."

- People's relatives commented on the cleanliness of the service, one relative said, "The place is so clean."

Using medicines safely

- People received these as prescribed.
- Staff received training in the safe management of medicines and their competency had been checked.
- Regular medicines' audits highlighted issues. These were rectified in a timely manner.

Learning lessons when things go wrong

- The registered manager was pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The registered manager worked with staff to understand how things went wrong and involved them in finding solutions.
- For example, staffing had been increased following feedback from staff, people and relatives and an observational audit. The provider had increased the budget to provide the extra staff.

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 were assessed before they commenced using the service to ensure staff understood people's needs and preferences. The manager used a holistic assessment to understand people's needs and organised people's discharge from hospitals. The registered manager told us, "I'm careful with pre-assessments as we have got to be able to meet people's needs. We do not provide nursing care, it would not fair if we admit someone then have to move them on. This is a home for life."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, such as risk assessments.

Staff support: induction, training, skills and experience

- New staff received an induction, including time with the registered manager. This provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would provide care to.
- Staff received additional training to meet people's specific needs, for example care of urinary catheters. One relative told us, "I've no reason to doubt they know their job."
- Staff were encouraged and supported to study and gain vocational qualifications.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager and supervisor were very supportive.

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

- Staff ensured people could choose what they ate at mealtimes. Where people could not speak about their choices, staff would show them plated meals which they could choose from. Staff knew people's preferences. One person told us, "They [staff] know what I like and don't like"
- Staff knew people's dietary requirements and ensured people were served these.
- People told us they enjoyed the food available. One person said, "I have a cooked breakfast every day, there are only two of us that have this, but it's what I want."
- Staff monitored people's weight regularly and referred people to health professionals if they were not eating and drinking well. Staff followed health professionals advice, for example providing pureed foods where needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to make healthier life choices such as for diet and exercise.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness.
- People had routine GP appointments via telephone and a practice nurse followed up with any on-going treatment or assessments.

Adapting service, design, decoration to meet people's needs

- The building and amenities were suitable and accessible to the people living at the service. The layout of the building ensured that the environment offered plenty of personal space. People could go to the garden unaided by staff. There were various areas for people to use for different activities.
- People's rooms were decorated to their choice and needs.
- There were several communal areas which could be used by people and their visiting family members. People in wheelchairs could easily use these areas.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals made best interest decisions about people's future care.
- The registered manager confirmed four people using the service were currently subject to any restrictions to their liberty under DoLS.

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well. Everyone we spoke with told us staff had a caring attitude. One person said, "They [staff] have always been good to me." A relative said, "The staff are really good here. They keep [relative's] hair and nails nice. They update me about everything."
- People told us staff were kind and friendly. One person told us, "They [staff] are all caring." Another person said, "They [staff] chat to me while they are working."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and people important to them in their lives.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. Where people could not express their wishes, their representatives had been involved in care planning.
- People told us they felt their views were listened to and acted on if they had any ideas. One person told us, "I say what things [activities] we would like to do, and, if it's possible, we get to do them."
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and to help communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity.
- Staff were respectful of people's personal spaces. One person told us, "Everyone [staff] knocks before entering my room; the chef, the cleaner, everyone, even though my door is open."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. Three people told us staff asked their permission before they provided any care and encouraged them to do as much as possible for themselves.
- People's information was stored securely, and all staff were aware of keeping people's personal information secure.

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's initial assessments and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements.
- People's care plans had been kept under regular review, to make sure they reflected people's current needs. This helped ensure staff were provided with up to date information to meet people's needs.
- Care plans were personalised and contained information about people's likes and dislikes. For example, hobbies and interests and people who were important to them.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives.

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 were helped to pursue their hobbies and pastimes. One person told us, "I like to do everything." They particularly enjoyed the arts and crafts activities, which decorated their rooms.
- People could choose the activities they joined. One person told us they preferred doing crosswords and puzzles, but also joined in with sing-a-longs and parties. Another person said, "I try to do different things; I do what I want to."
- People were involved in social activities, such as a garden party. One person had made a book they called, "Life in Ashfield House book" which was displayed in the main hallway. The book contained many photographs of people doing various activities including visits from outside organisations. The photographs showed a varied range of activities such as sheep being brought to the home.

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.

- The provider complied with the Accessible Information Standard. They ensured people with a disability or sensory loss had information they could understand.
- One relative told us staff used pictures and very large font print for their relative who had poor eyesight and was hard of hearing.
- The provider had installed a hearing loop in the dining area to aid people with hearing aids to hear conversation.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were confident they could complain to the registered manager and have their concerns addressed.
- There was a complaints procedure in place. Complaints were addressed in accordance with the provider's policy.
- There had not been any written complaints since July 2018, this complaint by a neighbour to the home had been resolved. On the day of inspection one relative complained their relative's glasses were missing. The registered manager immediately responded and resolved the issue. They also arranged for all people's glasses to be labelled to avoid further losses.

End of life care and support

- People were given the opportunity to record what was important to them at end of life. For example, one person expressed a wish to stay at the home and not go into hospital. Staff followed people's wishes.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.

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 has 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

- The registered manager promoted person centred care in all aspects of the service. One relative told us, "Well, it appears a very happy home, the staff seem happy too. It's a very pleasant home." People told us the registered manager was very approachable and easy to talk to. One person said, "[Registered manager] will always have a chat with me."
- Staff told us they were happy working at the service and felt supported by the registered manager. One member of staff told us, "I think we are a good team, we all work together."

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents with actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the registered manager acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC. Our records showed these had been submitted as required.
- Policies and procedures were in place containing current best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- People were asked for their feedback through formal surveys and at group meetings. Issues and suggestions were acted on. For example, one person said, "I would like a tin shelter outside for smoking, when it rains the umbrella on the table is no good." They said the registered manager was looking into providing this.
- People's equality characteristics were considered when sharing information, providing care and activities.

Working in partnership with others

- The registered manager had developed good relationships with people's GPs, district nurses and health teams.