Mauricare Limited

Ashton Court Residential Home

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection was carried out on 25 and 30 March 2015 and was unannounced on the first day. We last inspected the service in July 2014 and found they were meeting the Regulations we looked at.

Ashton Court is a large house which has been extended to accommodate and provide care for up to 24 older people.

The bedrooms are situated on three floors and there is a lift for people to use to gain access to the different floors. There is a small car park at the rear and an enclosed garden at the front of the building.

The service has a registered manager who has been registered with the Care Quality Commission since March 2013. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

People told us they felt safe living in Ashton Court. Everyone we spoke with told us they were confident that they could tell the staff whatever they needed to if they were worried about anything. There were procedures to follow if staff had any concerns about the safety of people they supported.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms, so appropriate referrals to health professionals could be made.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access some activities. The activity coordinator worked three days each week, but sometimes covered care shifts instead of working as the coordinator. The registered manager was addressing this issue by employing more staff.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes. One person said, "Staff are great, they know what I need help with and support me in the right way."

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that there had been four complaints received in the last 12 months which had been responded to appropriately.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and a representative of the provider. The reports included any actions required and these were checked each month to determine progress.

Summary of findings

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when.

Good

Is the service effective?
The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice, and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

Good

Is the service responsive?
The service was not always responsive.

Requires Improvement

Summary of findings

We found that peoples' needs were thoroughly assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before and during their admission to Ashton Court.

People were encouraged to retain as much of their independence as possible and those we spoke to appreciate this. People could access some activities that were planned both in the home and in the community.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service was well led.

The registered manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service worked well to ensure people received prompt involvement with health professionals and there was a sense of belonging to the community.

Accidents and incidents were monitored monthly by the manager to ensure any triggers or trends were identified.

Ashton Court Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 30 March 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority contract commissioner about their views on how the service was operated.

The provider was not asked to submit a provider information return (PIR) at this visit. 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.

At the time of our inspection there were 18 people using the service. We spoke with the registered manager, five care staff, the activity coordinator and the cook. We also spoke with seven people who used the service and five visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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 looked at documentation relating to people who used the service, staff and the management of the service, including recruitment files for four staff. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "The staff make sure that we are safe, there was one time when someone came into my room, but staff came quickly and took them back to their own room." People told us that staff were respectful and kind in the way that they were spoken to.

A safeguarding adult's policy was available and staff were required to undertake initial training in this subject as part of their induction. We looked at information we hold on the provider and found there were no on-going safeguarding investigations. The registered manager showed us a safeguarding file which contained information about issues raised as contract concerns. These had been appropriately dealt with.

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding adult's policies and procedures and would refer to them for guidance. They said they would report anything straight away to the senior care worker or the registered manager.

Staff had a good understanding about the whistleblowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage a person at risk of falling. The risk was managed by obtaining equipment to alert staff if the person got up out of bed, which may result in the person falling. We observed staff acting quickly when one person tried to stand but became unsteady. Staff spoke to the person and encouraged them to stay seated for their own safety.

We found the provider had structures in place which enabled them to have an overview of risk and safety within the service. As well as the management team at the home the provider also used an external quality monitoring person who regularly visited the home to look at all aspects of service delivery. They reported back to the provider who acted on their recommendations.

We looked at four staff recruitment files including care staff, the cook and activity co-ordinator. We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. The registered manager told us that there had not been any new staff employed recently, but was in the process of recruiting new staff. The registered manager said new staff would complete the local authority's induction before commencing work at the home.

The registered manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

Two of the relatives we spoke with raised some concerns about staffing levels. One relative told us that sometimes when they visited in the evenings; staff were busy assisting people to bed which left other people unsupervised. We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. We noted that the activity co-ordinator was working on care during the morning on the first day of this inspection which meant people were unable to take part in any activities. However, in the afternoon the co-ordinator was able to organise a quiz which people enjoyed.

From our observations we found staff were able to meet people's care needs; however staff did seem to be very

Good

Is the service safe?

busy, and had very little time to be able to spend speaking with people. We discussed this with the provider and the registered manager who agreed to increase the staffing levels during the day and early evening.

We found there were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicine stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

We spoke with one member of staff who was able to describe how they knew when one person was in pain. This person was not able to express themselves verbally. The staff said the person would "Rub their tummy" when in pain. During lunch we observed the senior care staff administering medication. We saw they did this in a professional, low key manner. They locked the medicine cabinet every time they left it even if only moving to a nearby person. We heard the senior care worker ask people if they required pain relief and acted upon their wishes.

We saw the senior care worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required,' for example painkillers. We saw plans were available that identified why these medicines were prescribed and when they should be given.

The manager showed us training records to confirm staff had the necessary skills to administer medication safely. Annual competency checks were also undertaken. Monthly audits were undertaken to ensure medication was administered as prescribed.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and the relatives we spoke with told us that the care provided was very good. One person who was receiving respite care said, "This place is number one, I am going to stay here because I like it. Staff look after me very well." Another person said, "The staff are pretty good, they encourage me to be independent." A relative that we spoke with said, "The home was recommended to me by a friend, we came and saw the home and my relative liked it." Another relative said, "You can tell it is a good home because a lot of the staff have worked here for a long time and they know the residents very well."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the DoLS. The registered manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. We were informed that one DoLS application had been sent to the local authority for their consideration. We saw the documentation that demonstrated the application had been received by the local supervisory body. The registered manager told us that most staff had received some training in the subject but they wanted to undertake further training which they were hoping to source in the near future. The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed.

We looked at the care records belonging to four people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews and these had been signed by the individual or their relative.

We spoke with staff about training opportunities. They confirmed training was organised by the registered manager. One staff member said, "I asked if I could go on a first aid course and this was arranged within a few days. Another staff member said they had attended a dementia care course and was now the dementia champion for the home.

We found that staff received supervision (one to one meetings with the registered manager) and they told us they felt supported by the registered manager, deputy manager and also their peers. The registered manager had commenced annual appraisals. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two and three. One member of staff that we spoke with told us they were working towards level five in social care and held a training qualification. We saw that most staff had also completed training in dementia care and end of life care.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

The cook had good knowledge of people's specialist diets. For example they were able to describe some people who

Good

Is the service effective?

required their liquids thickened as they had been assessed as at risk of choking and diabetics. They told us they also catered for one person who was a vegetarian and ate a specific diet to meet their cultural background.

The cook informed us that mealtimes were flexible to meet people's needs. The cook was well informed about people's likes and dislikes in relation to food and said menus were devised to accommodate people's choices. Menus were displayed in the dining areas with the main choices; individual requests and dietary needs were catered for in addition to these.

We joined a group of people eating their meals. We carried out a SOFI during lunch on the first day of this inspection. It was clear from the chatter and laughter at lunchtime that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. We saw that people had several choices of hot and cold drinks, including fruit squash and water. The majority of the people were able to eat their meals independently, where people needed support, this was done discreetly by staff.

We found the service worked well with other health care agencies to ensure they followed best practice guidance. This included working with dieticians, district nurses and tissue viability nurses The registered manager told us that they also attended provider forums. This gave an opportunity to discuss principles of care and best practice initiatives. Records showed that people were supported to attend other specialist services such as the diabetic clinic, audiology and dental services.

Good

Is the service caring?

Our findings

We saw that staff respected and involved people who were receiving care. For example by addressing people by their preferred name and supporting people to be as independent as possible. Each room visited showed signs of individual choice and personal touches such as photographs, prized possessions and personal furniture. We spoke with a relative who was putting up pictures of family members in their relative's bedroom. They said, "We are just personalising my relative's room, staff told us to bring in familiar things which would help them settle into the home." People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Our observations found staff were kind, compassionate and caring towards the people in their care.

People appeared at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. We observed that staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People using the service and their relatives that we talked with spoke positively about the staff who worked at the home. A relative said, "We were recommended this home, and we have found the staff excellent. They work hard but they always make time to say hello and ask if there are any problems."

Relatives and visitors to the home told us that there were no restrictions to the times when they visited the home. One relative said, "My family visits regularly and it is always the same. Staff are kind and considerate." Another relative said, "We are made to feel welcome. Now that our relative has made the decision to stay it has made a big difference to us knowing they are safe and cared for in the best way possible."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. We spoke with the dignity champion. They told us that they 'led by example' they said if new members of staff started working at the home they would be asked to be their mentor, to make sure they followed good principles of care.

We looked at four care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

There was a designated end of life champion. Their role was to take the lead on promoting positive care for people nearing the end of their life. Staff we spoke with told us that they had undertaken specific training to ensure they were able to support people appropriately as they approached this stage in their life. We discussed recording people's preferred preferences of care in their care plans so that staff were aware of people's wishes if they became ill. The registered manager told us this was discussed with some people, while others had declined to discuss this aspect of their care.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities. People we spoke with told us the staff were very caring, and considerate. One person said, "They (staff) asked me if I wanted to move to a room downstairs so that they could keep a closer eye on me. I agreed and now they are popping in and out several times during the morning to see if I need anything."

We found that people's care and treatment was regularly reviewed to ensure the care and treatment was up to date. The registered manager told us that care plans were reviewed monthly by the keyworker and social workers undertake a yearly review to make sure people were appropriately placed at Ashton Court.

People who lived at the home and their relative were actively encouraged to give feedback about the service. We saw copies of minutes from residents/relatives meetings. The meeting were attended by the registered manager and gave attendees opportunity to raise any concerns they may have had. The meetings also covered things like forthcoming events, menus and activities.

People were able to access some activities; however the co-ordinator only worked three days each week. On some occasions the co-ordinator was asked to cover a care shift due to sickness and holidays. Two people we spoke with told us they were sometimes bored as there didn't seem much for them to get involved in. The registered manager is looking to recruit more staff to ensure the co-ordinator is not required to cover care shifts. We observed a quiz taking place on the first day of this inspection and a sing-a-long to old time music took place on the second day. We spoke with two people who told us they preferred to do 'their own thing' which involved reading and doing a jig-saw.

Two relatives that we spoke with did raise a concern about the lack of stimulation and one relative said their relative complained about being bored. We discussed this with the registered manager who told us that they were planning to increase the working days of the activity co-ordinator to four days each week.

We saw that copies of the complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints, but would speak to staff if they had any concerns. The registered manager told us that there had been four informal complaints within the past year. Our review of the provider's complaints folder confirmed this. The complaints had been reviewed and actioned by the registered manager.

Good

Is the service well-led?

Our findings

The service was led by a manager who has been registered with the Care Quality Commission since March 2013. Together with the deputy manager they showed a commitment to continuously improve the service. The registered manager told us they were supported in this by the provider of the service who visited the home regularly, and was always available for advice on the telephone. The provider also employed an outside quality monitoring agency to undertake the supervision of the registered manager.

People we spoke with told us they knew who was the registered manager and said they were approachable and would deal with any concerns they might have. One person said, "She was in here today talking to me. She often does." Another person said, "If we have a problem they (the staff) sort it out for us." Relatives we spoke with felt the registered manager was approachable and listened to any concerns they may have had. We looked around the building accompanied by the registered manager and the provider. It was clear from conversations that took place that the provider was approachable. They stopped and spoke with a number of relatives and people who used the service.

The registered manager had a clear vision of areas that they wanted to develop to make the service better. For example, promoting the home to increase the number of people living there. They told us that they had developed strong links with social workers and health professional to develop the service. We spoke with the local council's contract commissioners who told us that the service was continuing to improve. A recent visit from the 'Home from Home' group fed back that people living at the home were happy with the care provided.

Staff we spoke with all said they felt supported by the registered manager. One staff member said, "We can go to the manager and deputy manager about anything and we know that they will be supportive." Staff told us that they understood the standards that were expected of them. Staff attended meetings and felt able to make suggestions about how to improve the service and they were listened to. One staff member told us that they also felt confident at approaching the provider about things that could improve the service. They said, "I spoke to the provider about staffing levels and he agreed to consider my suggestions."

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. They had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

The provider also employed an independent person to monitor quality. We looked at their report which was matched to the standards expected by the Care Quality Commission. They set out any action required and regularly returned to check on progress. The provider told us, the monitoring by an external body helped them to deliver and develop a clear vision for the future of the service.