Care Quality Commission

Doncaster Metropolitan Borough Council

Ammersall Court

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 18 and 19 June 2015 and was unannounced. At the last inspection in January 2014 the service was judged compliant with the regulations inspected.

Ammersall Court is a care home situated in Scawthorpe, Doncaster which is registered to take 18 people. The service is provided by Doncaster Metropolitan Borough Council and provides care for people with physical and/or learning disabilities. The home was split into four bungalows each with their own front doors. People who used the service could move freely between the bungalows to meet and socialise with friends and neighbours.

The service has a registered manager, who has been in post for 12 months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People we spoke with told us they felt safe while staying at the home. One person said, "I have lived here for a long time, staff help us to keep safe." Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to

recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

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 were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able.

People had access to a wide range of activities that were provided both in-house and in the community. One person told us they liked going to the theatre while others liked to attend adult social centres during the week.

En-suite facilities in some bedrooms required improvements to ensure they were clean and hygienic. Kitchen facilities required improvements as they were not hygienic and fit for purpose. These improvements had been identified by the provider and had been discussed with the owners of the building which is South Yorkshire Housing Association. Plans were in place to address the shortfalls.

We observed good interactions between staff and people who used the service. People were happy to discuss the day's events and one person told us that they had been into Doncaster to meet friends.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by a representative of the organisation. 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?

Requires improvement

The service requires improvements to make it safe.

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

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. There were robust recruitment systems in place to ensure the right staff were employed

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

Improvements were required in bedroom en-suites and the kitchen areas to make them fit for purpose.

Is the service effective?

Good

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 understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. However, menus required further consideration to ensure a well-balanced diet for people using the service.

Is the service caring?

Good

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

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

Is the service responsive?

Good

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative and felt involved in their care.

Summary of findings

Communication with relatives was very good. One family member we spoke with told us that staff always notified them about any changes to their relatives care.

Relatives told us the registered manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

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?

Requires improvement

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these had been identified and followed up to ensure continuous improvement.

People were regularly asked for their views. Regular meetings were used to ensure continued involvement by people living at the home.

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

Ammersall Court

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 18 and 19 June 2015 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector. At the time of the visit there were 18 people using the service. We spoke with six people who used the service and we also spoke with two relatives of people living at the home. We spoke with six care staff, the deputy manager, the assistant manager and the registered manager. We also observed how staff interacted and gave support to people throughout this visit.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council contract monitoring officer who also undertakes periodic visits to the home.

Prior to our visit we also received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two 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.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the home. One person said, "Staff supports me to stay safe when I am out and about." Another person said, "I feel safe we all get on its great, I would tell staff if I was worried about anything." Relatives told us they had no concerns about the way their family members were treated. They said, "My relative visits regularly and they talk about what they get up to and they never raise any concerns."

We spoke with staff about their understanding of protecting 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 said they would report anything straight away to the registered manager. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person told us they travelled independently using public transport, they said, "I travel independently using public transport. This means I can meet up with friends." We saw person centred plans included risk assessments to manage things like managing personal monies, kitchen appliances and using public transport.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records.

We found that the recruitment of staff was safe and thorough. This ensured only suitable people with the right skills were employed by this service. Staff files were held centrally by Doncaster council and the registered manager was informed when all the required checks had been received. The registered manager told us that all staff employed currently at the home were well established and there was very little turnover of staff. Most of the staff we spoke with had worked at the home for over ten years.

The registered manager told us that staff were not allowed to 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 ensured only suitable people were employed by this service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home. The registered manager showed us the rotas which were consistent with the staff on duty. She told us the staffing levels where flexible to support people who used the service.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when they were required. Medication was safely stored on each of the bungalows. 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 medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy. We observed medication being administered to people. The deputy manager told us how and when people preferred to take their medication. This was undertaken at the person's own pace and staff ensured drinks were available when medicines were being given.

We noted that there was no dedicated medication fridge which should be locked. The fridge used for the storage of insulin was also used by one person who used the service to store their food. We brought this to the attention of the registered manager who has agreed to speak to the provider to address this issue. We received confirmation that the service had purchased a dedicated medication fridge.

We saw records which confirmed staff had received training in the safe management of medication. Annual competency checks also took place for the trained staff to ensure they were following safe medication procedures.

There were systems in place to reduce the risk and spread of infection, however some cleaning was not effective. We found that cleaning was undertaken by a combination of a full time cleaner employed by the provider, a contracted cleaning company and care workers.

Requires improvement

Is the service safe?

We looked around the home and found bedrooms were personalised. However, the en-suite facilities were cluttered making them difficult to clean to a good hygienic standard. The shower cubicles were generally in need of replacing as they had mould around the plastic surrounds. Some of the rubber seals were split which meant they leaked when the shower was in use. The grouting surrounding the tiles were brown and needed replacing to make them easier to maintain and clean to a hygienic standard. The shower heads were in need of replacing as they had a build-up of lime scale making them difficult to clean. Two shower curtains also needed replacing as they had mould around the bottom

The kitchen areas in three of the bungalows were in poor repair. This meant they were difficult to clean to a good hygienic standard. Tiles surrounding the sinks needed re-grouting and the taps in the hand washing facility were covered in lime scale. The upright fridge in bungalow three had a seal that needed replacing so that the door closed properly. These concerns had been identifiedby the registered manager and they were negotiating timescales for the replacement of the kitchen facilities with the owners of the properties. We saw emails which confirmed this action.

There were accumulation of debris on floors in the entire kitchens in particular between and surrounding the dishwashers and fridges which required a deep clean. The freezer drawers in bungalow two were broken which meant they could not be effectively cleaned. There was also an accumulation of debris and dust on the floors, in front and behind the washing machines and tumble dryers in all of the laundry areas.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to develop their person centred plans which detailed the support they would need to undertake certain tasks. For example, assistance with personal care and things that were important to them.

People we spoke with told us that staff always asked for their agreement before they carried out any personal care. One person said, "I am very independent and staff know that I will only ask for assistance if needed. Most things I can do for myself."

Most of the people who used the service were able to clearly communicate their wishes. Staff were knowledgeable about people's needs and knew how to support them. For example, we spoke with the deputy manager who told us how they communicated with one person who was visually and hearing impaired. In particular we observed how the deputy manager communicated with this person when they administered their medication.

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. We spoke with people who used the service about how menus were devised. People told us that they were asked what meals they would like and helped to compile a shopping list for the meals. Some people were supported to do their own shopping on-line. Each bungalow had their own menus which had been agreed with people living in each accommodation. We looked at the menus and asked staff about the nutritional balance for the week's menus. Staff told us they tried to ensure fresh meat vegetables and fruit were included. However some people would only eat certain foods so it was difficult for them to receive a balanced diet.

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.

The staff we spoke with during our inspection had a good working knowledge of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation, however the registered manager was aware of the changes brought about by a Supreme Court judgement. We saw clear evidence which told us people were fully involved in making decisions about their care.

Training records confirmed staff had attended the required training and had also completed service specific training. For example, diabetes awareness and epilepsy training. Staff told us that they had worked at the home for a number of years and were encouraged to attend training which was required. Staff also said that if they found that people's needs changed they were able to suggest further training to ensure they could meet their needs.

Records we looked at confirmed staff were trained to a good standard. Managers and most care staff had obtained nationally recognised care certificate. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. This training was usually completed off site by the local authority training department. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Good

Is the service effective?

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something.

Good

Is the service caring?

Our findings

People who used the service told us they were involved in developing their person centred plans, which were written in a way they could understand. The plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, "Staff respect my privacy, sometimes I want to be on my own and I know I can go to my room, and watch television or play my music." Another person said, "My friends can visit me and I know we can have the privacy we need. Staff are respectful."

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their time. One person told us they liked to watch James Bond movies and staff always asked them which one they would like putting on the big screen television.

One relative we spoke with told us that staff were caring and supportive. They said they were very satisfied with the care provided and felt involved in their care. Home visits were encouraged and relatives were invited to social events. One relative said, "I come every day and the staff always make me feel welcome. It's a very nice homely atmosphere."

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. For example, one person had chosen to have lots of soft toys that they had purchased while on outings. Another person had a rack full of DVD's that they liked to watch. Another person had lots of pictures of their favourite pop star. They told us that they had been to concerts to see then perform live.

The registered manager told us that people often used advocacy services although links with the current advocacy service was still being developed. The registered manager told us that advocacy services had supported people to complete satisfaction surveys about the care and treatment they had received.

Good

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at two person centred plans in detail for people who used the service. They included assessments of the care and support they needed and they also considered the risks associated with their care.

The plans also told us the activities that people were involved in, what was working well and things that may have changed. Staff told us that people were encouraged to maintain life skills for example helping with shopping and dealing with their own finances.

We saw care interactions between staff and people using the service were person centred, focusing on the individual needs and preferences of people being supported. We saw care workers offered people options about their meal or where to sit, as well as providing food, drink, or support that they knew were preferred.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us that they liked to go to concerts, while others preferred to socialise with friends outside of the home.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. The registered manager told us they had received one formal complaint in the last 12 months. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

We saw a comments/concerns book were sited in each bungalow these had no entries. The registered manager told us they had only recently been introduced, to look at different ways for people to raise any concerns.

People were encouraged to take part in meetings in each of the four bungalows and we saw minutes of some of the meetings. The registered manager was encouraging managers for each bungalow to use a set agenda to apply consistence approach.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Requires improvement

Is the service well-led?

Our findings

People who used the service and their relatives were actively encouraged to give feedback about the quality of the service. People told us they had regular meetings where they were encouraged to raise concerns and to talk about things like outings, holidays and activities.

The registered manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people staying in the home. They told us the registered manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team. Most of the staff have worked here for many years so that says we all love working with the people we support." One staff member told us they had worked at the home for 30 years and another had worked for 18 years.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days. Managers in the home also had a communication book which helped to provide consistency when dealing with the day to day management of the service.

Internal quality audits were in place but required some improvements to make them more robust. The medication audit consisted of staff checking daily that all medication had been given as prescribed. The infection control audit did not identify issues around the en-suite facilities. They mainly concentrated on staff infection prevention and control such as hand hygiene and the use of personal protective equipment. **We recommend that the service seek advice and guidance from a reputable source, about assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.** The assistant manager was working towards level 2 certificate in infection control and will take the lead for this once the training is completed.

We saw copies of reports produced by a representative of the organisation The reports included any actions required and these were checked each month to determine progress. However, we found gaps when they had not been undertaken. The registered manager told us that there had been a change in the local council's personnel which meant the audits were not taking place as frequently. There were clear fire risk assessments in place and regular servicing of the fire alarm system took place to ensure equipment was well maintained.

Accidents and incidents were monitored by the registered manager however these were not analysed regularly. This meant it was difficult to identify any trends. We were told that no notifiable accidents or incidents had occurred since the last inspection. The registered manager confirmed that they knew all notifications that should be reported to the Care Quality Commission.

There were systems in place to monitor and improve the quality of the service provided. Monitoring of the service included gaining the views of people living at the home. Outcomes from quality assurance surveys were used to constantly improve the service for people who used the service. Questions asked how well the service was doing, for example, did staff encourage people to make their own decisions, if they felt safe, did they know how to raise concerns, were activities appropriate and about the meals. We saw from the results that people were satisfied with the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected from the risk of infection because appropriate guidance had not been followed. People were not cared for in a clean, hygienic environment. Regulation 12. 1, 2(e)(h).