Tinfloyd Healthcare Limited

Ashtree House

Inspection report

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Ratings

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

Overall summary

We inspected Ashtree House on 16 and 20 July 2015. This was an unannounced inspection. Our last inspection took place on 18 June 2014. The service provides care and support for up to 27 people. When we undertook our inspection there were 24 people living at the home.

People living at the home were older people. Some people required more assistance either because of physical illnesses or because they were experiencing memory loss. The home also provides end of life care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection there were four people subject to such a restriction.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

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.

Good

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely and were in a clean environment. Record keeping and stock control of medicines was good.

Is the service effective?
The service was effective.

Good

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Is the service caring?
The service was caring.

Good

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?
The service was responsive.

Good

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day. However, staff had not recorded if people did not want to pursue individual interest or hobbies.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Is the service well-led?
The service was well-led.

Good

People were relaxed in the company of staff and told us staff were approachable.

Summary of findings

Checks were made to review and measure the delivery of care, treatment and support against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

The leadership was proactive to situations and explored options for people who used the service.

Ashtree House

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 16 and 20 July 2015 and was unannounced.

The inspection team consisted of 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 service. They were experienced in talking with older people.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We also spoke with other health and social care professionals before and during our visit.

During our inspection, we spoke with four people who lived at the service, three relatives, and seven members of the care staff, a cook, a domestic and the manager. We also observed how care and support was provided to people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at five people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. They said staff handled them safely and they had confidence in the staff. One person said, "Oh yes, I'm safe here in all aspects, more so than when I was at home. They keep me safe, and are safe when moving me around and bathing me." Another person said, "Yes I feel very safe, I have never doubted any of them."

Staff were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right route to safeguard people. Notices were on display in staff areas informing staff how to make a safeguarding referral. Staff said they had received training in how to maintain the safety of people who spent time in the service. The training records confirmed that all staff had received safeguarding training in 2014.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through meetings and notices when actions needed to be revised.

To ensure people's safety was maintained a number of risk assessments were completed for each person and people had been supported to take risks. For example, risk assessments were in place when someone had memory problems and could not remember how to look after themselves. Staff had been given instructions on how to make sure they were safe when having a bath. Where someone had mobility problems their ability to walk unaided had been assessed and a plan put in place to ensure they were safe to walk alone, but with a walking aid. We saw staff reminding several people to use their walking aids and removing obstacles in their path such as a chair.

Plans were in place for each person in the event of an evacuation of the building. These gave details of how people would respond to a fire alarm and how they required to be moved. For example being able to walk unaided. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency. The fire and rescue service had made a visit in August 2014 and made some recommendations. These had been completed and the fire officer had revisited.

People told us their needs were being met and staff were available to meet those needs. One person said, "They couldn't do more for me." People told us their call bells were answered promptly when they were activated.

Staff told us there were adequate staff on duty to meet people's needs. One person said, "More than enough. The manager ensures we have enough staff to cope for most eventualities." Another staff member said, "Days and nights there is never a problem with staffing. We all like each other and help out if there is holidays or sickness."

We saw on the staff rota the numbers of staff required reflected the staff on duty that day. The manager showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. The records showed this was completed at least monthly but more often if numbers of people using the service or people's needs changed.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs', hospital staff and staff within the home. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. Each trolley and cupboard was clean and tidy. There was good stock control. However, no temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use. This was discussed with the manager and rectified immediately.

We looked at five people's medicine administration records (MARS) and found they had been completed consistently. There were signature gaps on two MARS. So we did not know whether people had received their medicines. Staff understood about giving covert medicines. This means it has been agreed by a medical practitioner that medicines can be hidden when being given as to not have them

Good

Is the service safe?

would be detrimental to a person's health. We saw the records of when the GP had made the decision and details of the best interest meeting of when this had been discussed.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training.

Good

Is the service effective?

Our findings

One staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. They told us it had been suitable for their needs.

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Some staff had completed training in particular topics such as oral health and Parkinson's disease. This ensured the staff had the relevant training to meet people's specific needs at this time. A training session on nutrition and diet was in progress during our visit. Staff were asking questions of the trainer. One staff member said, "I really enjoyed that session, it confirmed what we do with assessments and planning."

Staff told us they had training sessions in the home, but could also attend courses in the community. One person told us they had attended a dementia awareness session with people from other homes. Staff also completed on line computer training on a range of topics each year. This could be completed at work or at home. One staff member said, "I prefer to do mine at home. When I am here I like to concentrate on the residents."

We saw the supervision planner for 2015. This gave the dates of when supervision sessions had taken place. Staff confirmed these had occurred. Staff told us they could express their views during supervision and felt their opinions were valued.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

Staff were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. The majority of staff had undertaken training in the Mental Capacity Act 2005 in 2014. The rest had this planned into their training programme for 2015.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. The manager had submitted four applications for people to be subject to DoLS authorisations. We saw the details of those submissions and how the decisions had been arrived at before the forms had been sent.

Some people told us that the food was adequate but not always varied, but the majority felt the food was good. One person said, "The food could be better, they lack imagination. It's a bit boring we could do with some new ideas." Another person said, "The food does get a bit of much the same old thing." Another person said, "It's marvellous food, I love it all."

We observed the lunchtime meal in two dining rooms. We saw the meals were presented well.

They had been placed on plates before being presented at the tables. However, there was little social interaction between staff and people eating their meals. Staff served the meals, ensuring people also had hot or cold drinks of their choice. Staff asked people if they required other vegetables or salt on their food but did not wait for a reply before adding the items.

Those people who required assistance to eat their meal were given them in their bedroom areas or in a separate dining area. We heard staff explaining what was on plates, for those with limited sight and encouraging people to eat and drink. People told us they were asked about meals by the cook and in questionnaires. We saw the daily records in the kitchen when staff had asked people about their daily menu choices. Staff had recorded whether people liked meals presented on small plates and when alternatives were given from the main menus.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their weight and when a person required a

Good

Is the service effective?

softer diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to walk with a frame to help their mobility. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

The home had set up a system with the local GP surgery of nurses and GPs' visiting regularly. Staff told us this ensured the GPs' could plan the visits and follow up quickly on new treatments. A health professionals' visit was taking place during our visit. Staff had all the information available to ensure the sessions could run smoothly. Health professionals told us staff were good at ensuring changes in people's needs were passed on quickly.

Good

Is the service caring?

Our findings

People told us they liked the staff and they were confident staff would give them good care. One person said, "The nurse from the surgery comes to see to my legs every week." Another person told us, "My room is always clean and tidy. It's well looked after here." People told us they were treated with respect and dignity.

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "They are lovely here. I can decide when I want to get up or go to bed." People told us there were no restrictions placed on them and they thought they could have a bath when they liked. We saw a bath rota which showed when people had baths or showers. Individual needs were recorded in the care plans.

People told us they were happy living at the home. They told us they liked the staff and said if they required to see a doctor or nurse staff would respond immediately. One person said, "The doctor comes every couple of weeks so if I want to see them I just ask."

People and their relatives told us staff were caring and kind. All were full of praise for the staff. One relative said, "They are marvellous here and care for my relative with the utmost care. They involve me in everything concerning my wife. I think they all deserve medals." Another relative said, "I cannot think of one thing that could be improved upon, honestly."

The relatives felt involved and fully informed about the care of their family members. They said the staff were kind, courteous and treated the people with respect. One relative said, "I get the best for my relative here, they are human, compassionate and caring.

All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs. For example, one person wanted to walk around most of the day and ask questions of the staff. Each time the staff were patient with the person, answered the questions and tried to divert them to another activity.

We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with a bath, ensuring people knew when meals time were about to commence and assisting each other to turn some-one in bed.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, staff knew when a person wanted to remain in their bedrooms for most of the day. Staff ensured they were in a safe environment and we saw they made numerous visits to them during the day.

Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, when they liked to get up in the morning and when they liked to dress or remain in their nightwear. This was confirmed in the care plans. Practical action was taken when people were distressed. We observed not just care staff, but ancillary staff responding to people who were worried and anxious. If they could not answer a person's query the manager was called to assess each situation. One person was distressed about their walking ability. So staff were seen to reassure them and encourage them to take small walks throughout the day.

Staff responded when people said they had physical pain or discomfort. When someone said they felt unwell, staff gently asked questions and the person was taken to one side and given some medication. When the emergency call bell was sounded we saw staff respond to the person's need. As soon as possible the minimum amount of staff stayed with the person, not to frighten and worry them.

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One person said, "I like to come after lunch. It suits me, the staff and my relative."

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the

Good

Is the service caring?

local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display.

People had access to several sitting room areas, two dining rooms, and quiet areas in corridors and an enclosed garden area. We observed staff asking people where they would like to be, if they required assistance to move about the building. Staff ensured each person was comfortable, had a call bell to hand and had all they required for a while. This was sometimes a book or the remote control of the television. Other people we observed walked or used a wheelchair to access various parts of the home and grounds.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, "If I need help, I press my buzzer and they respond fairly quickly, unless they are busy of course."

People told us staff had talked with them about their specific needs, but this was in the form of conversation rather than a formal meeting. They told us they were aware staff kept notes about them and relatives informed us they also knew this. They told us they were involved in the care plan process. Care plans were kept electronically and on paper records. We looked at both. However, this was sometimes evident in the care plans but some sections did not have people's signatures to say they had agreed to the plan of care on the paper records. The manager stated they were looking at ways to record this in a better format.

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people had leg wounds after a fall or surgery. Staff had detailed when they had obtained advice from district nurses and GP's.

Staff also received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Health and social care professionals we spoke with before and during the inspection told us they knew staff gave person centred care as they were asked for their opinions about people.

People told us there was an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. This was recorded in the care plans. People told us about some of the activities such as baking classes, bingo and board games sessions. One person said, "We have a special celebration cake if it's somebody's birthday. I had profiteroles when it was mine."

Relatives told us they had seen activities taking place. And described sing-a longs. One relative said, "They get us to sing which is good."

People in their rooms all day were watching the television, some had visitors for part of the day and some were reading magazines or newspapers. One person had their daily newspaper delivered. Staff interacted with people in their bedrooms and were observed sitting, holding hands and talking to people.

There was an activities planner on display but it was very small print. There were lots of pictures of events which had taken place inside and outside the home. These included cake making and visits out. The care plans stated the type of interests people had been interested in prior to admission. People's wishes to not participate in activities was recorded. However, there were no records of when staff had asked about individual interests and hobbies of people. So we did not know if people wanted to participate in other events. This was discussed with the manager and staff. They stated it had been hard to identify individual hobbies of interest for people as they were more progressively suffering from ill health. This was an area under discussion at recent team meetings.

People told us their pastoral needs were cared for twice a month. This included a monthly communion service and visits by local church members. This was taking place during our visit and people were enjoying the interaction with different people. Staff were aware who to contact in the community if people had beliefs and faiths with which they were not familiar.

The people told us they would like to go out more but realised this was limited in a rural community. Staff told us they often visited a local garden centre and shopping centre. This was recorded in people's care notes.

Staff were observed during the day helping people to participate in different activities and housekeeping tasks. One person liked to help dry the dishes in the kitchen and help the domestic staff with folding refuse sacks. Another person asked to help clear away some coffee cups and assisted the staff member to dry them and put them away. Staff were observed helping people to read the newspaper and having a discussion about news topics. People were joining in the debates on the economy and other news stories. Another person liked to knit items to send to Africa.

Two people with memory loss had reminiscence books. These contained words and pictures which reflected their life before admission to the home and their current family contacts and likes. We saw one person referring to the book when they became distressed. This made them calmer and they laughed a lot at the pictures.

Good

Is the service responsive?

People told us they were happy to make a complaint if necessary and felt their views would be respected. No-one we spoke with had made a formal complaint since their admission. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. The manager informed us they had contact with an organisation which could translate this in different languages. We saw a large print version and a braille version in the records.

The complaints log detailed one formal complaint the manager had dealt with since our last visit. It recorded the details of the investigation and the outcomes for the complainant. Lessons learnt from the case had been passed to staff at their meetings. Staff confirmed these messages had been passed on. We saw this in the minutes of staff meetings for May 2015 and June 2015.

Good

Is the service well-led?

Our findings

People told us the home was well-led. There was a registered manager in post. They told us they were well looked after, could express their views to the manager and felt their opinions were valued in the running of the home. One person said, "The manager is always here. She is so lively it makes us happy." A relative said, "The atmosphere is very good here."

People who lived at the home and relatives completed questionnaires about the quality of service being received. Some people told us they had recently completed questionnaires. One person said, "It's all to improve the care. I know that and am happy to complete one." We saw the results of the questionnaires for June 2014 and July 2014. The results were positive. The analysis showed how some processes had been changed after their submission. For example changes to the laundry system. We same seven questionnaires which had been returned for this year's survey. The comments were complimentary.

Staff told us they worked well as a team. One staff member said, "I love it here. The team work well together and [named manager] is a good boss." Another team member said, "It doesn't matter what department you work in, everyone pulls together."

Staff told us staff meetings were held twice a month for senior staff, who cascaded information to others. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of staff meetings for July 2015, June 2015 and May 2015. Each meeting had a variety of topics which staff had discussed, such as, care plan reviews, the use of mobile phone and the use of protective clothing. This ensured staff were kept up to date with events. The manager kept record books of when she had spoken with staff on certain topics which was pertinent to their department. This ensured the correct messages were received by the relevant departments.

There was sufficient evidence to show the home manager had completed audits to test the quality of the service. These were split into weekly, monthly, two monthly, quarterly and six monthly. Staff were able to tell us which audits they were responsible in completing. Where actions were required these had been clearly identified and signed when completed. An example completed in March 2015 included details of a nutrition audit. Accidents and incidents were analysed monthly. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents.

We were given a copy of the medicines audit which was in place. This had been completed in February 2015. Staff had signed to say when they had completed any actions. A medicines policy review had taken place in March 2015. At the end of both audits it stated when the next audits were due. These were overdue but the manager was aware and had planned them into the new audit programme.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.