Barchester Healthcare Homes Limited

Ashchurch View

Inspection report

Ashchurch Road
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Ratings

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

Overall summary

This inspection took place on 13 November 2015 and was unannounced. Ashchurch View provides accommodation for 60 people who require nursing and personal care. 58 people were living in the home at the time of our inspection. This service was last inspected in July 2014.

Ashchurch View is a large purpose built care home set over two floors. The home has three units which support people with different needs. Each unit has a lounge and dining room with an adjacent kitchen. People's bedrooms have a private toilet and shower facility. People have access to a secure garden, coffee area and hobbies room as well as a hair salon.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 enjoyed living at Ashchurch View. They were positive about the care and support they received from staff. People's individual needs were assessed, planned and reviewed. However people's risk assessments were not always updated and recorded accurately. People did not have evacuation care plans to guide staff with their support requirements. Assessments to people's ability to make decisions about their care and treatment had not been recorded in detail.

People received additional care and treatment from other health care services when needed. People were supported to have a well-balanced and nutritional diet. A programme of activities was in available. People were encouraged to make decisions about their day. Detailed mental capacity assessments and records of power of attorneys were not always evident where people lacked mental capacity to make decisions about their care and support.

People told us staff were kind and compassionate but they would like staff to sit and chat with people. The staffing levels of the home were being reviewed with the provider. Further recruitment was in place to ensure people's needs were being met. Staff told us they felt supported and trained to carry out their role. However, whilst most staff had received relevant training and individual support sessions, this was not always recorded.

People and their relatives spoke highly of the staff and the registered manager. Relatives told us any day to day concerns, which they had raised, were always dealt with immediately. The registered manager valued people's feedback and responded to any concerns. Complaints were managed effectively and actions were put in place to prevent the concern reoccurring.

Monitoring systems were in place to ensure the services were operating effectively and safely. Internal and external audits were carried out to continually monitor the overall services provided.

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

People's risks were assessed and managed to protect people from harm however this was not consistently recorded. People did not have individual detailed evacuation plans to guide staff in the event of emergency.

People were protected by safe and appropriate systems in handling and administrating their medicines.

Effective recruitment procedures and plans were in place to ensure people were being supported by suitable numbers of staff.

Staff understood their responsibilities in reporting any allegations or incidents of abuse and protecting people from harm.

People and their relatives were positive about the care they received and felt safe. Systems were in place to ensure the home was clean and safe.

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

Requires improvement

People were supported and encouraged to make decisions and choices for themselves. Records of people who had been awarded power of attorney were not recorded in people's care plans.

Staff told us they felt supported and trained to carry out their role, however the records of their personal development and support was not always consistent.

People were cared for in line with their care plans. When people's needs changed they were referred to the appropriate health and social care professional for further specialist assessments.

People enjoyed the meals provided. Their dietary needs and preferences were met.

Is the service caring?
The service was caring.

Good

Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to.

Relatives were positive in their comments about the approach and attitude of the staff.

People were encouraged to be independent in their activities of daily living.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's care needs were assessed, recorded and reviewed.

A full activities programme was in place to meet people's physical and social well-being.

Staff responded promptly to people's individual concerns. Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well- led.

The quality of care was being regularly monitored and checked by the registered manager and the provider. Staff valued people's feedback and acted upon any concerns.

People and their relatives spoke highly of the staff and the registered manager.

Ashchurch View

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 13 November 2015 and was unannounced. The inspection was led by an inspector and accompanied by a second inspector and an expert by experience. The expert by experience's area of expertise was in caring for older people.

This service was last inspected in July 2014 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Before the inspection the provider completed a Provider Information Return (PIR). 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 also examined other information that we held about the provider and previous inspection reports.

Before the inspection we reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We spoke with 11 people and 10 relatives/visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six members of staff, the deputy manager and the registered manager. We looked at the care records of eight people. We also spoke with one health and social care professional. We looked at four staff files including recruitment procedures and the records relating to staff training and development. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Good

Is the service safe?

Our findings

Staff had identified and understood people's risks and how they should be managed to reduce the risk of harm. Assessments had been carried out in relation to their health risks. For example, the hazards associated with people who were at risk of falling had been identified such as poor lighting or inadequate footwear. However, the identification of people's risks were not always consistently recorded and up to date. For example, one person's nutritional care plan had not been updated to reflect the risk in relation to their dietary needs. This was raised with the deputy manager who stated that staff were fully aware of this person's need to put on weight but this hadn't been recorded accurately.

The home carried out regular fire safety drills and fire detection systems were regularly maintained and checked. A fire bag held at reception provided staff with some basic equipment, guidance and information about people's independence levels in the event of an emergency evacuation of the home. However, people did not have individual fire and evacuation risk assessments and plans in place. This meant staff did not have adequate guidance on how people should be supported both physically and emotionally if they had to evacuate the home in the event of an emergency.

People's medicines were obtained, managed and administered safely. They were given their medicines as prescribed. The management and administration of people's medicines was dictated by their medical needs. Qualified nursing staff administered medicines to people with more complex medical needs. Their medicines were stored and monitored in line with pharmaceutical guidance within the treatment room. Whereas, senior staff had been trained to manage and administer medicines to people with less complex needs on the residential units.

People were supported to take their medicines in a respectful way and at their own pace. We observed the time which was taken to administer medicines to people was variable, as staff responded to people's wishes and mood. For example, one person initially refused their medicines, so the staff member returned to the person 10 minutes later with a cup of tea. The person then happily took their medicines and enjoyed their hot drink.

Records of when people had taken their medicines were accurate. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Controlled drugs were stored in line with appropriate guidance and there were accurate records kept of when people received these medicines. Medicines which required disposal were stored securely and recorded accurately ready for collection by the pharmacist.

People were protected from those who may be unsuitable to care for them because appropriate checks had been carried out to ensure staff were fully vetted before they started to work in the home. Recruitment records showed that checks had been carried out which included their employment background, references and their criminal histories. However, in two out of the four recruitment files we reviewed, there was limited recorded explanation of why there were gaps in staff's previous employment and/or the reasons why they had left their previous employment. The staff member responsible for processing new staff records told us this would have been discussed at their interview but hadn't been recorded.

There were sufficient numbers of staff during our inspection. Staff covered extra shifts or bank and agency staff were used when there were shortages in permanent staff. Staff told us that extra staff had been made available to keep people safe if they required additional individual support. People's physical needs were being met during our inspection. People told us staff generally responded to their requests for help and needs in a timely manner. We received a lot of positive comments such as "Usually people are about and you don't have to wait too long for care" and "Staff are not far away. They are usually around if I need anything". We observed staff interacted and supported people in a person centred manner however there was little time for staff to sit and socialise with people. Some people sat in the lounge areas with little social interaction. However we were told the home was also considering using volunteers to interact and befriend people.

Whilst most people were happy with the staffing levels of the home, two people and their relatives raised concerns about the continuity of night staff and the use of agency staff. For example, one person said, "During the day things are alright but at night, staff seem to be interchangeable and they don't seem to understand routines". A relative

Good

Is the service safe?

commented that they were worried about the use of agency staff and the effect of the lack of continuity on people living with dementia. This was raised with the registered manager who told us the home was actively recruiting new staff. They said, "By December we will have adequate numbers of nurses and we are currently recruiting for care staff. At present some staff are doing overtime and we only use bank and agency staff if needed". The registered manager told us they were in discussions with the provider to review how to determine the ideal staffing levels of the home.

People who lived at Ashchurch View told us they felt protected from harm. They told us it was a safe place to live and they felt relaxed amongst staff. One person said, "Yes, very safe because no-one who shouldn't can't get in and people here know us and how to look after us well". Another person also commented on their safety and said, "I feel totally safe here. It feels secure and never worried about my care". Relatives told us they were confident in the staff's abilities as they were well trained and had a good understanding of peoples' needs. One relative said, "When I go I know that they will be safe. People will take care of her. It gives you peace of mind".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff told us the actions they would take such as reporting their concerns to the registered manager if they suspected someone was being abused or harmed. They were confident the senior staff and the registered manager would act immediately on their concerns. Where allegation of abuse had been raised relating to safeguarding people; the registered manager had shared this information with the Care Quality Commission as well other agencies who have a responsibility to safeguard people. The provider's company policy and procedures on safeguarding people was present and accessible to staff.

People were protected by the prevention and control of infection processes in place. People and their relatives were satisfied with the cleanliness of the home. One person said, "Our rooms are clean. It's a nice place to be". The home was clean and odour free. Staff understood the importance of wearing disposable gloves, aprons and washing their hands appropriately. Hand gel dispensers and liquid soap were strategically placed and available for staff and visitors to use. Staff responsible for housekeeping and cleaning had a good understanding of their role and how to reduce the risk of cross contamination.

Requires improvement

Is the service effective?

Our findings

Some people who lived in Ashchurch View were living with dementia and were unable to make significant decisions about their care. Staff and the senior management team had a good understanding of Mental Capacity Act 2005 (MCA). They were knowledgeable about the importance of gaining lawful consent when providing personal care to people who were unable to make important decisions about their health and well-being.

MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people required support with their personal care and day to day decisions staff encouraged them to make choices and be as independent as possible. For example, we saw staff asking people's permission before supporting them with care. One person said, "Yes they do ask me before anything takes place".

People's care records included an assessment which identified that some people lacked the mental capacity to make day to day decisions; however some of the assessments were general in nature and did not relate to specific decisions about their care. Staff were aware of significant people, such as families or GPs who had been involved in helping people to make decisions about important parts of their care. The home held documentation which informed them of who had been elected to have power of attorney on behalf of people. However this information was not held on people's care records. This meant there was no clear framework for the process to be followed when significant decisions were needed to be made relating to people's health and financial welfare.

The rights of people who were unable to make important decisions about their health and well-being were protected. The registered manager and staff had acted in the best interest of people and put their needs first. Where staff had felt that people's best interests were not being maintained by others, they had sought additional legal advice to ensure people were protected.

People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any condition on authorisations to deprive a person of their liberty were being met. The registered manager understood her role and legal responsibilities in supporting people in the least restrictive way. Where people needed to be deprived of their liberty, the registered manager had applied for authorisation to do this.

People and their relatives complimented the staff's abilities to care for them. One person said, "They (staff) do a good job. They certainly know what they are doing. I couldn't ask for better care". Staff generally spoke positively about the training and the support they received. We received comments such as, "It was really helpful" and "The staff team are very supportive".

Staff told us they felt supported by the staff team and the registered manager. They told us all senior staff were approachable and they provided informal support and advice. One staff member said, "You learn a lot from other people, they take you under their wing". Staff received regular and informal support. However, not all staff had received frequent private support meetings as agreed with their line manager. Where these meetings had been carried out, the format and recording of the meetings were variable and not consistent.

New staff had received a comprehensive induction programme before starting in their new role. This included training; shadowing experienced members of staff; reading people's care plans and documents relating to the home such as policies and procedures. They told us they were given adequate support and training to carry out their role. One staff member said, "The induction was really good and very helpful". However, two new staff members had not

Is the service effective?

received a post induction interview with their manager as in line with their policy of supporting staff, but told us they could always approach senior staff if they had any concerns.

Staff had carried out effective training and refresher courses to gain relevant knowledge and skills to carry out their role. Most staff had received training deemed as mandatory by the provider such as safeguarding and moving and handling. However, some documentation of staff training was not consistent and therefore it was difficult to determine the development and training needs of staff. Some staff had received additional specialised training and/or national vocational training in health and social care to enhance their skills.

People were supported to maintain a healthy and well balanced diet. People enjoyed the meal choices. We received comments such as, "The food is very good. It has always been very good. It is very satisfying"; "The food is excellent here" and "I think that the food is very good here. I've no complaints at all".

Some people chose to eat in their bedrooms and others ate in the dining area. People chose their meals from a menu the day before and were reminded of their choice on the day. Staff and people told us that alternative meals were always available if they didn't want the meal provided. One person said, "They will do you something else if you don't like what is on offer". Hot and cold drinks were readily available for people throughout the day. We were told that people would be supported or could help themselves if they required a snack between mealtimes from the kitchenette on the unit. Freshly baked homemade cakes were provided with afternoon tea.

People were regularly weighed and GPs were made aware of any nutritional concerns. People's food and fluid intake were recorded and monitored if they had been identified as being at risk of malnutrition or dehydration. There was good verbal communication between the staff of each unit and the chef regarding people's diet. The chef attended the home's daily 10.30am meeting which allowed staff to raise any concerns about people's dietary needs or preferences. The chef regularly met with people to get feedback about the meal choices.

Staff knew people well and knew people's preferences and choices in their meals and where they wished to eat their meals. Care staff supported people with their breakfast preferences from the kitchenette adjacent to the dining room. Hot meals were brought to the units from the main kitchen in temperature controlled trolleys. Hostesses helped to serve the food.

People's preferences and special diets were catered for. The chef told us about the different types they have catered for and all meals provided were fortified to help people to increase their calorie intake. Records about people's preferred meal choices, dislikes in food and special diets were held in the kitchen.

People were supported to maintain their health and well-being. Staff supported people in their routine health appointments such as dentists and the chiropodist. The home had good contacts with the local surgery and the GPs visited regularly to review the needs of people. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. A health care specialist who regularly visited the home told us they had no concerns about the care people received. They also informed us they were mentoring the lead nurse in the area of their specialism.

Ashchurch view is a modern purpose built home with a central secure court yard garden. The home had been decorated with homely items, pictures and personal memorabilia. Significant rooms had pictorial signs on the doors such as pictures of a toilet. This helped people with memory problems to orientate themselves.

Good

Is the service caring?

Our findings

People were positive about living at Ashchurch View and the care they received. They told us that the staff were kind and caring. We received comments such as "The carers are the salt of the earth. I really love the attention"; "Carers are golden. They are pure gold" and "Very good care. Nice girls, they can't do enough for you".

People had the opportunity to take part in all aspects of life at Ashchurch View. People's spiritual needs were being met and they were able to see a minister from their particular faith. One person told us that a vicar from a local church attends the home and they enjoyed singing the hymns and having communion. People told us they were treated equally and respectfully. One person said, "I don't feel that there is any discrimination here. Treated fairly and we can join in with anything we want to".

Relatives were positive about the home and all the staff. One relative said, "It's a very friendly home. You get a friendly welcome from staff on the desk. You can always have tea and coffee at any time". Another relative said, "More than happy, excellent relationship with the carers. They take time to speak with her and know how to handle her. This is much better than the home before". They told us they had confidence in the staff and felt that their relatives were well cared for and supported in a life enhancing way.

The atmosphere in the home was positive. We observed a lot of friendly exchanges between people and staff. Staff acknowledged people politely and briefly spoke to people as they passed each other in the corridor. Staff showed concern for people's well-being in a caring and meaningful way. Both care and non-care staff knew people well including their personal likes and dislikes if they were supporting people to make decisions.

People looked calm and relaxed with staff. They were encouraged to remain independent in their everyday skills. For example, one relative told us their loved one required a hoist to transfer when they initially moved into the home but they were walking with a frame.

Staff were able to determine when people started to become anxious and intervene and help to distract them with discussions about their past. Staff were able to tell us about people's needs and how their behaviours may change which may indicate they were not happy.

People were smartly dressed and were wearing clean clothes. Their nails and hair had received attention and the gentlemen were clean shaven. People had the choice to visit an onsite hairdresser. The hairdresser had a good insight into people's abilities as she had been trained in dementia awareness and had received support and advice from staff when needed. One relative said, "The carers know what she likes. When I come in to see Mum, the carers have made a real effort to make her look nice – co-ordinated clothes and her hair is done".

People were able to freely move around the home and use the secure garden. Some people choose to spend their day in their bedroom or sit in the quiet lounge. People were encouraged to bring in their own ornaments and personal belongings to personalise their bedrooms. People's privacy and time to themselves was respected.

Good

Is the service responsive?

Our findings

People were supported by staff who understood their needs and preferences. People's needs had been assessed before they moved to the home to ensure the home could meet their needs. Information had been sought from the person, their relatives and other professionals involved in their care. Information from assessments had informed people's care plans.

People's care needs were generally well documented. Their care plans included information about their personal history and individual preferences. For example, people's care records guided staff to their preferred bedtime routine or where they would prefer to eat their meals. Details on how people needed to be supported with their care needs and their levels of independence were also recorded. People's progress and an evaluation of the day was recorded and linked to their care records. Their physical well-being was monitored monthly such as their weight, blood pressure and respiration. Any changes noted were immediately monitored and reported to their GP.

Relatives told us that they were informed of any changes people's health and well-being. One relative said, "The staff will let us know straight away if anything changes or if she has a fall". People's care needs were reviewed monthly. Relatives told us they were invited to people's six monthly review. The home ran a 'resident of the day' programme which gave an opportunity for the full needs of one person each day to be thoroughly reviewed by all staff members. This review also included input from kitchen and housekeeping staff to ensure all the needs and welfare of a person was considered. We saw that people's care records reflected any changes in their needs. Daily handovers meetings at the beginning of each shift and daily records gave staff up to date information about people they cared for.

People enjoyed a variety of activities. People were able to choose what activities they took part in and suggested other activities they would like to take part in. We received comments such as, "I love joining in with some of the activities. We had a ride round Ledbury which I thoroughly enjoyed" and "I like doing things so I take part in quite a few activities. We have a wonderful person who organises things". Other people enjoyed the garden and said, "I love gardening and they know that I like flowers so they put a trough outside my room, where I can see it" and "I grow flowers in it and I am going to plant my bulbs soon. It is so nice to have it".

A team of activity coordinators provided and selection of activities including exercise sessions, hand and nail pampering, quizzes as well as off site visits and visiting external entertainers. Some people enjoyed being involved in housekeeping activities in their unit with the support of staff such as washing up and laying the tables. The activity coordinators were knowledgeable in their role and updated their skills by attending a Gloucestershire forum for activity coordinators.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. For example people were shown how to use hand held computer devices so they could video link with their family and friends.

People were supported and encouraged to remain independent. For example, a person declined the offer of a staff member to help them stand from their chair. The staff member respected their decision and monitored hem from a distance. The person told us, "Nobody stops me from doing anything. I'm very independent and like to do things for myself. They know and respect that".

People and their relatives told us their concerns were always listened to. They told us they felt comfortable raising any concerns about the care they received. Some people told us that they had raised issues and the staff and registered managers had responded promptly and positively. One relative said, "Never had anything much to complain about. They are good people who sort things out if they need sorting out". There had been three complaints since our last inspection which had been recorded and investigated thoroughly. The home's complaints procedure was clearly displayed in the entrance hall.

Good

Is the service well-led?

Our findings

The registered manager had been in role since January 2015. Since this time they had developed a good understanding of the home and knew people and staff well. The registered manager told us their main challenge since being in role had been a high turnover in staff, however some staff vacancies had now been filled and further recruitment plans were in place. Staff told us that morale amongst staff had improved now there was stability in the home. One staff member said, "It's a lot better. The manager and our seniors are very good. They understand our role and communications have improved".

The registered manager told us there had been several recent changes within the provider's management structure but they now received regular support from the regional director. The registered manager praised the regional director and told us they visited regularly and carried out internal audits of the quality of care being delivered. A monthly audit programme had been put in place which included safeguarding incidents and infection control audits. The head of each unit in the home were required to submit a weekly report to the registered manager. This enabled the registered manager to have an overview of people's well-being in each of the three units such as those who were at risk of malnutrition or who had experienced a fall.

People's accidents and incidents were recorded in their care plans and also on a central organisational electronic system. This system helped the provider and registered manager to analyse accidents in the home and identify if there were any patterns or trends occurring. Actions such as increased staffing in the evening had been introduced for a short period when one person had become restless and had experienced several falls in the early evenings.

The registered manager valued feedback from people and their relatives about their views and experience of living at Ashchurch View. Regular home and unit meetings were held with people and their relatives. This gave people the opportunity to raise their concerns or provide suggestions on improving the home or the unit. Staff meetings were held soon after these meetings to discuss any actions to be taken to address concerns. A survey about people's experiences of living in the home had recently been sent to people. We were told the completed surveys would be analysed and any concerns would be addressed. The home also held regular a 'residents committee' meeting which was managed by people living at the home. We were told that the committee had contributed towards activity suggestions and the colour scheme of the home. The home also provided people's relatives with additional information to help them understand their loved one's medical condition such as dementia.

People and their relatives were positive about the running of the home and had confidence in the manager. We received comments such as, "We have a very good relationship with the manager" and "I know that (name) is very safe here. Manager is wonderful". The registered manager led by example and was always available to support and advise the staff in their roles. Staff at all levels had various opportunities to attend meetings to raise any concerns about their work or the needs of people. The registered manager held a daily morning meeting for all heads of departments and significant other members of staff to attend. The aim of the meeting to was highlight and share any concerns about people's wellbeing and or events that may affect the running of the home. Other meetings such as head of department meetings and health and safety meeting regularly occurred to discuss and monitor the quality of the service.

We were told the provider was about to implement a 'dependency tool' of people which would help the registered manager and senior staff to determine the staffing levels required within the home. This had resulted in discussions between the registered manager and the provider and consideration was being given to the ideal placement of people within the units of the home. We were reassured by the registered manager and the regional director that people would only be moved to a different part of the home if it was in their best interest. We were told people and their relatives would be consulted individually before any changes were implemented.