Care Quality Commission

Ash Court Community Limited

Ash Court Care Centre - Camden

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

This inspection took place on 27 and 28 October 2014 and was unannounced. At our last inspection in December 2013 the service met all the regulations we looked at.

Ash Court Care Centre provides accommodation, nursing and personal care for up to 62 older people over three floors.

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 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were patient, kind and respectful.

Summary of findings

People and their relatives said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance when they used the call bell.

The management and staff at the home had identified and highlighted potential risks to people's safety and had thought out and recorded how these risks could be minimised.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

Food looked and smelt appetising and the chef was aware of any special diets people required either as a result of a clinical need or a cultural preference.

People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. We met with the GP who visits the home every week.

People told us they liked the staff who supported them and that they were treated with warmth and kindness and that staff listened to them respected their choices and decisions.

A person we spoke with told us they had been involved in activities and their needs had been catered for.

People using the service, their relatives and friends were positive about the manager and management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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?

Good

The service was safe and people told us they felt safe at the home and with the staff who supported them.

People told us and records showed there were enough staff at the home on each shift to support them safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective and people were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food which looked and smelt appetising. The chef was aware of any special diets people required either as a result of a clinical need or a cultural preference.

People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians and we met with the GP who visits the home every week.

Is the service caring?

Good

The service was caring and people told us the staff treated them with compassion and kindness.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive and people told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

We saw that people using the service were engaged in various activities throughout the first day of the inspection. We saw that these activities were having a positive effect on peoples' well-being.

Is the service well-led?

Good

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Ash Court Care Centre - Camden

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 checked 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.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we have about the provider, including notifications of abuse and incidents affecting the safety and well-being of people.

We met with most people, however some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We spoke with 10 people at length and with six relatives and friends of people using the service so they could give their views about the home.

We interviewed 14 staff individually and spoke with the registered manager and the regional manager. We met with the GP who visits the home every week.

We looked at 17 people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff, relative and residents' meeting minutes as well as health and safety documents and quality audits.

After the inspection we contacted the local commissioning and safeguarding team, the continuing care team and the palliative care team for their views about the service. These professionals have regular contact with the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and safe with the staff who supported them. One person told us, "The staff all work hard; they are very pleasant. I couldn't fault any of them. They are incredibly patient with me and others. I feel safe living here."

Another person commented, "I'm looked after very well and feel safe all the time."

All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular training in safeguarding vulnerable adults. They understood that racism or homophobia were forms of abuse and gave us examples of how they valued and supported people's differences. Staff were aware that they could report any concerns to outside organisations such as the police or the local authority.

Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. There had been a recent safeguarding concern which staff had raised with the manager. He ensured that this was reported without delay to the appropriate authorities including the police and the CQC and that immediate action was taken to ensure the safety of people using the service. He responded appropriately and cooperated with the investigation.

The local safeguarding team had asked the service to investigate this concern. The manager told us that although the investigation was still on going, he would ensure that a review of the case would take place after the investigation to see if there were any lessons to be learnt from what happened.

The care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST), used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow Scoring tool. These were risk assessment tools recommended by the National Institute of Clinical and Healthcare Excellence (NICE). We saw that risk assessments were being reviewed on a regular basis and information was updated as needed.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. These included the fire risk assessment, monitoring water temperatures to reduce the risk of scalding and checks to reduce the spread of water borne infections such as Legionella.

The manager told us and records showed that there were a high number of people with complex clinical and care needs. We saw that staffing levels reflected peoples' dependency. People and their relatives said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance. One person commented, "The staff are helpful and come quickly when I ring the bell."

Staff did not raise any concerns with us about staffing levels at the service. We observed staff over the two days of the inspection and saw that, although staff were very busy, they were not rushing and were able to spend some time with people.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately. All medicines were safely stored in a locked drug trolley kept in the medicines storage room, which was kept locked when not in use. Controlled drugs were appropriately stored in the controlled drug cupboard, which had an alarm system when the cupboard door was unlocked and left open.

We checked medicine administration records (MAR) and found all medicines administered had been recorded and each entry had been signed appropriately by a trained nurse.

Staff said they had access to the medication policy and procedures and had been given regular refresher courses on the safe management of medicines. Designated members of staff carried out regular checks to make sure medicines had been administered and recorded appropriately.

Good

Is the service effective?

Our findings

People who used the service, their relatives and friends were positive about the staff. A relative commented, "Staff are always polite and respectful."

Staff were positive about the support they received in relation to supervision and training. Staff told us that the organisation provided a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, first aid, challenging behaviour, skin integrity and moving and handling. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required.

Care records showed that care staff had good written communication skills and could effectively describe the care given and the person's well-being on a day to day basis.

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation's philosophy of care. Staff confirmed they received regular supervision from their line manager and that this was, "a good thing." They told us they could discuss how their work was going and to look at any improvements they could make.

Staff understood the principles of the MCA and told us they would presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff understood that people's capacity to make some decisions fluctuated depending on how they were feeling.

The manager told us that approximately half of the people at Ash Court had some form of dementia or other cognitive impairment. Despite this he confirmed that there were no locked doors in the home and only one person had wanted to leave the home. As this person was not able to leave the home safely the manager had applied to the local authority for a Deprivation of Liberty Safeguard (DoLS). This meant that the person's wish to leave the home would be monitored and reviewed on a regular basis to ensure the home continued to work in that person's best interests.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do.

We observed **t**here was a choice of two hot meals comprising meat, potatoes and vegetables. A person commented, "I get a choice of dishes every day. If I fancy a salad, the chef will make it for me. The staff are very good and helpful." Other comments about the food included, "It's alright" and "The food is bordering on excellent."

Food looked and smelt appetising and the chef was aware of any special diets people required either as a result of a clinical need or a cultural preference.

We observed people having their lunch, which was unhurried. Most people had a pureed or soft diet and the majority required staff assistance. We observed staff were respectful and assisted each person who needed help with their meals. Staff assisted people in a dignified way and we noted a member of staff fetching more food for a person who had finished all that was on their plate. We noted people had been offered a selection of soft drinks at mealtimes and in between meals. People also had a choice of snacks and hot drinks in between meals.

We saw records of people's daily food intake, fluid intake and output charts, which had been filled in correctly, with the last entries on the day of inspection. These records had been kept up to date. Staff told us that these records had been kept for people who had poor appetite and who had weight loss. The care plans we checked showed regular risk assessments using MUST to monitor people's nutritional needs.

The nurses confirmed people had been referred to a dietician if required. For example, one person who required regular fluid intake via Percutaneous Endoscopic Gastrostomy (PEG) tube had their nutritional needs reviewed regularly by a dietician. The nurses had followed a dietetic food and fluid regime to ensure the person's nutrition and hydration needs had been maintained.

People with swallowing difficulties had previously been referred to the speech and language therapist (SALT) for assessment. This was evidenced in a person's case files.

In people's personal care folders we saw documents showing multiagency involvement. We saw evidence of

Good

Is the service effective?

people being seen by other healthcare professionals, including a speech and language therapist, a physiotherapist, a dietician and a tissue viability nurse when required. For example, in the case of a person with hospital acquired multiple pressure sores, we noted the person had been referred on admission and had been seen by a tissue viability nurse from Camden Local Authority. The visit had been documented and dated. This followed an initial assessment by a trained nurse, who on admission had assessed the wound sites and established the pressure ulcer grading. We saw the body mapping and photographs taken with the person's consent.

People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. We met with the GP who visits the home every week.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, “The staff are very good. I am satisfied with the care.” A relative commented, “I am super happy how he is looked after, and have nothing to complain about.”

People told us that staff listened to them respected their choices and decisions. A relative told us, “Staff are always polite and respectful.”

People confirmed that they were involved as much as they wanted to be in the planning of their care and support.

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected peoples’ diverse needs.

Staff demonstrated a good understanding of peoples’ likes and dislikes and their life history. Staff used verbal communication which was clear and positive. Staff made good use of short closed sentences and used vocabulary adapted to the needs of the person with dementia.

We observed staff respecting people’s privacy through knocking on people’s bedroom doors before entering and by asking about any care needs in quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

Good

Is the service responsive?

Our findings

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. A relative we spoke with told us, "The staff are nice and proactive."

Pre-admission assessment documents were detailed and had explored all avenues in regard to the person's personal and healthcare needs, their social activities and their family involvement, including the person's wishes and preferences.

The personal files included a detailed account of all aspects of their care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

We noted details of family involvement had been documented and updated in people's care plans. We spoke with one person's relative who had been legally involved in all decision making on behalf of the person, who had dementia. The relative commented, "The care is excellent. The staff keep me informed of any changes. I left instructions that I wanted to be informed of any issues, day or night; the staff honoured my request."

The care plans we reviewed indicated people's care needs had been regularly assessed, reviewed and documented when needs had changed. We further noted people or their relative had signed and dated the updated care plan.

Care plans were centred on individual care needs and staff provided care and assistance accordingly. For example, one person with a high risk of falls had been checked frequently and had been supported to minimise the risk of falling in their bedroom.

Another person who had a stroke and was chair and bed bound, with a high risk of developing pressure ulcers, had personal care and hoisting provided by two people, one being a trained nurse. This ensured the person received appropriate care and treatment, with nursing supervision.

Staff also ensured people had the time they needed to receive their care in a person-centred way.

A person we spoke with told us they had been involved in activities and their needs had been catered for. They said, "I get involved in activities sometimes, I like gardening which I do on Mondays and Thursdays."

The service employed two activity coordinators who work Monday and Thursday. We saw that people using the service were engaged in various activities throughout the first day of the inspection. We saw that these activities were having a positive effect on peoples' well-being. The registered manager told us that staff carry out a range of activities on the other days and we saw records that confirmed this. We saw photos of various activities that people had undertaken with staff which included parties and trips out of the home.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person told us, "I'm fine, well looked after, no problem, no complaints."

A relative said, "My relative has been cared for in this home for many years. I have never felt the need to complain. I am happy to speak to the manager or the staff if I need to but I never need to make a formal complaint. The staff are all very good and caring. They always listen and my relative is well cared for."

One relative had recently commented in a quality assurance questionnaire, "I always feel I am listened to when I give feedback or have a concern or complaint."

The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation. The manager gave us an example where a number of relatives had raised concerns about the food at the home. He had arranged a representative from the food company (which supplies meals to the home) to a relatives' meeting so they could sample the meals themselves. He told us this was a positive experience for everyone.

Good

Is the service well-led?

Our findings

People using the service, their relatives and friends were positive about the manager and management of the home. Comments included, “The staff are approachable and the manager reacts to any of my concerns” and “The manager is always available and the staff have respect for him.”

On the second day of the inspection the manager took us to meet all the people in the home. We met with everyone apart from five people who were either asleep or too unwell to meet with us. Everyone we spoke with knew who the manager was and said he was approachable and available. The manager had a very detailed knowledge about all the people in the home.

Staff were also very positive about the manager and the support and advice they received from him. Staff told us the manager was “hands on” and added, “He’s very involved.” They told us that the management had an open culture and they did not worry about raising any concerns. Staff were also aware of the other ways they could raise concerns including use of the “Whistle-blowing” procedure.

There were regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. We also saw that the manager expressed his appreciation of staff and that a reward scheme was about to be implemented. Staff told us that they were aware of the organisation’s visions and values. Staff were also able to complete a yearly staff questionnaire in order to give feedback to management.

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders which was organised and implemented by an independent organisation. We saw minutes of regular meetings and records of monthly quality audits which were undertaken by the regional manager. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery. For example, people and their relatives felt they had input into the choice of meals provided by the service.