Ashcroft House Care Services Limited

Ashcroft House - Leeds

Inspection report

18 Leeds Road
Bramhope
Leeds
West Yorkshire
LS16 9BQ

Tel: 01132842822
Website: www.ashcroft-house.co.uk

Date of inspection visit:
30 June 2017
05 July 2017

Date of publication:
08 August 2017

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

Summary of findings

Overall summary

We carried out the inspection of Ashcroft House on 30 June and 5 July 2017. At the time of our inspection, there were 28 people using the service. This was an unannounced inspection. We last inspected Ashcroft House in April 2016. At that inspection, we rated the service 'requires improvement' overall. At this inspection we found the service had made improvements.

Ashcroft House is a converted building located in Bramhope, Leeds. It is close to the local shops, pubs, and a post office. The provider has just this one registration and they provide residential care for up to 32 older people with varying physical and mental health needs.

The home did not have a registered manager. 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. The home's manager confirmed they were in the process of registering with the Care Quality Commission.

People and their relatives and friends told us they felt safe. Staff had been trained and knew what to do to keep people safe from the risk of harm.

People who lived at the service told us they were happy with the care provided. Risks to people's health and care had been identified and staff knew how to help reduce risks to people, for example, from falling or pressure sores.

We saw appropriate pre-employment checks, including criminal records checks, had been carried out for new members of staff. This ensured, as far as possible, that staff with the appropriate skills and experience were employed. People told us there were enough staff to meet their needs.

The staff told us they were supported to complete training which gave them the skills to carry out their roles. The staff told us the manager was very approachable and responsive to requests for training.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood the need to ask people for their consent before carrying out care tasks. The provider had followed the correct procedures where people's liberty needed to be restricted for their safety.

People were complimentary about the choice of foods available to them. People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health.

People had access to healthcare professionals when this was required. Staff followed direction from

professionals and if they had any concerns they reported these immediately.

The arrangements in place for people's medicines meant people received these when they needed them. Storage of medicines was safe and people were not rushed when medicines where being administered.

We saw staff talking and listening to people in a caring and respectful manner. We observed staff were kind and spoke warmly to and about the people they cared for. All staff we spoke with were able to demonstrate they knew people well. There was an emphasis on protecting people's dignity.

People had been involved in identifying their care needs and staff knew how to support people to meet their needs. Care records provided guidance to staff as to how to do this appropriately. Staff demonstrated an understanding of people's individual needs and preferences and knew how people communicated their needs.

People told us they enjoyed the opportunities for activities provided in the home, such as dominos or singing. They also enjoyed trips out for lunch and to attend church.

People told us they were able to raise their concerns or complaints and were confident they were listened to. The service had a complaints policy in place. The Statement of Purpose for the service documented information about how to complain. The service had not received any recent complaints.

People who used the service and staff told us the manager was approachable, listened and was supportive to them. There were systems in place to monitor and improve the quality of the service provided.

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.

Staff background checks were completed in line with the provider's policy at the time of recruitment.

Risks to people's health had been identified and assessed.

People were happy with the arrangements for their medicines and people received their medicines in line with their prescription.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the knowledge and skills to understand and support them.

People were asked for their consent before care was provided. Where people could not consent to aspects of their care, the provider was following the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards guidance.

People were happy with the meals and were supported to have enough to eat and drink.

People's healthcare needs were supported.

Is the service caring?

Good

The service was caring.

People described positive caring relationships with staff.

Staff knew people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and their dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and enjoyed activities.

Staff supported people to be involved in expressing their views about their care.

People knew how to raise concerns and there were systems in place to monitor concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The service did not have a registered manager in place but they were in the process of applying.

There was an audit system to monitor standards within the home. Audits were monitored by the manager and provider.

The provider asked people, staff and health professionals for their views on the service. Views were recorded and improvements were logged onto an action plan.

Ashcroft House - Leeds

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.

The inspection took place on the 30 June and 5 July 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We asked the provider to complete 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 used this information to plan our inspection.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and five staff files. We spoke with two people, one relative, one friend and three care workers as well as the manager and provider. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. One person said, "Oh yes we are all safe here." Another person told us, "Staff are very good; we are very safe."

Staff we spoke with told us they had undergone recruitment checks prior to working in the service. These included at least two references from previous employers, confirming people's identity and making checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safer decisions around employing staff checking their criminal backgrounds. This meant the provider had the systems and processes in place to provide safe recruitment of staff. The provider told us the DBS checks were completed every three years.

On the wall in a communal area there were notices regarding the date, activities, weather and birthdays displayed. People told us they were fine with having their birthday displayed. People's bedrooms were named and we saw signage around the home to direct people to bathrooms and quiet rooms.

Staff told us they received training in safeguarding adults and described how they would respond to allegations or incidents of abuse. Staff were aware of the safeguarding procedures, which provided information they would need to ensure incidents or allegations of abuse were reported. Staff were able to identify their role in taking action to ensure people felt safe and this included recognising incidents of bullying or harassment. Staff gave us examples of different types of abuse and warning signs they looked out for. The manager had a training matrix, which showed all staff had received training in adult protection.

We saw records for the reporting of accidents, incidents or safeguarding concerns were analysed to make improvements in the home. This demonstrated the provider had systems in place for the sharing and learning from incidents to ensure that action was taken to reduce the likelihood of it occurring again. Staff told us they were updated with any actions they needed to take to reduce the likelihood of incidents occurring again. For example, staff told us of one incident where, following investigation, a recommendation had been made to provide additional support during meal times. We saw all those who required additional support during meal times, received this.

The provider had identified possible risks to people's safety and had completed risk assessments for each person. Staff we spoke with could identify those people at risk of not eating or drinking enough, falling or getting sore skin. We observed staff supported people using safe techniques, using equipment skilfully and giving people time to move at their own pace. We observed staff regularly supported people with positional changes throughout the day which reduced the risk of developing sore skin. People's risk assessments were reviewed on a regular basis and reflected people's current areas of risk. This showed us staff were able to support and react in the most appropriate way. We saw that personal evacuation plans had been developed to provide staff with the guidance they needed should they have to evacuate people in an emergency. The staff we spoke with were aware of these.

We saw health and safety checks on the environment and equipment had been completed. Equipment was

regularly serviced and checked for its safety and staff told us they completed visual checks before using equipment. The gas system and electrical system were maintained and certified for their safety.

People who lived at the service told us there was enough staff on duty. For example on the day of inspection the service had one manager who was additional to numbers, one care supervisor, three care assistants and two students on work experience. On certain days of the week the service had two domestic staff and one cook. The manager told us they were looking to recruit another cook. One person said, "People come quickly if I need them." A relative told us, "There are always lots [of staff] around, I don't have a problem." The manager told us they met with the provider if they felt people's needs were not being met due to staffing levels. The manager told us staffing levels had been increased since they took their post and they felt these were sufficient at the time of the inspection. Our observations showed that staff were busy at times. Despite this, staff told us they felt staffing levels were sufficient and quality questionnaires conducted by the provider did not raise concerns around staffing numbers. Quality questionnaires were completed during 2017.

We observed medicines being administered by a senior care worker. This was done safely and according to best practice guidelines. They informed the person they had their medicine, took a drink with them, watched the person take it and then the staff member signed the Medication Administration Record (MAR). We saw the MARs had been filled in correctly, codes used appropriately and there were no gaps in the recording sheets. Medicine was stored correctly in a locked trolley in a locked room. Where indicated, medicines were stored in a fridge and the temperatures were monitored to make sure they were maintained within the required safe range. Controlled drugs have to be stored in line with current legislation. We found controlled drugs were stored and recorded appropriately.

We looked at the 'as and when required' PRN medicines and found the stock count was correct. Staff told us they used a PRN recording sheet which showed the time, dosage and how many tablets were left. The senior care worker informed us that PRN medication was checked at every administration to make sure errors were identified.

Good

Is the service effective?

Our findings

At the last inspection in April 2016 the service was in breach of the regulation regarding need for consent. At this inspection we found improvements had been made. People we spoke with told us they were happy with the way in which their needs were met. One person said, "They do what I ask them to do."

The Mental Capacity Act 2005 (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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is 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 conditions on authorisations to deprive a person of their liberty were being met.

We asked the manager if anyone who used the service was deprived of their liberty. A number of people had been referred to the DoLS team for assessment. The service was waiting for the response from the local authority. We saw the paperwork for people who had been referred to the DoLS team had been appropriately completed.

We saw staff sought consent from people regarding their every day care needs. Staff asked people what they wanted to eat, whether they wanted their medicine and whether they were ready and happy to have personal care tasks carried out. We heard a staff member approach a person and discretely ask if they needed the toilet. Discussions with the three staff we spoke with showed they had been provided with training on the MCA and DoLS. Staff were clear about respecting people's choices even if they did not have capacity and supporting people in the least restrictive way. People confirmed that staff did seek their consent before carrying out personal care tasks. People told us they chose what clothes they wore, where they sat, whether they wanted to go out and their routine for the day.

Staff we spoke with told us they had received an induction when they started work at the home. We saw the work undertaken as part of the induction covered all of the provider's mandatory subjects for training. Staff told us they felt supported and encouraged to complete their roles. The staff told us the manager was very approachable and responsive to requests for training.

Training records showed staff had completed training the provider considered to be mandatory. Additional training had been planned or provided in specialist areas relevant to people's needs, for example in dementia support. We observed staff applied their knowledge in the care of people. They showed they understood how to communicate with people who might be confused, agitated or disorientated. Staff had received regular supervision and attended team meetings, where they could discuss their practice. We

noted the service's training matrix indicated some staff were overdue training in manual handling and first aid. Proportionately we found staff had completed most of the training.

People told us they enjoyed the meals on offer. During breakfast and lunch staff ensured people had drinks. Additional drinks and snacks were provided throughout the day. People had plates and cutlery appropriate to their needs. Staff demonstrated that they knew each person's needs and preferences in terms of food. One person told us, "On the whole, it's very nice." A relative told us, "I'm not usually here over meal times, but I know [person's name] would say something if it wasn't nice." We observed a mealtime and saw staff appropriately supported people who needed assistance. People were offered extra portions and a choice of drinks with their meal. There was a four week rolling menu of meals. There were two dining rooms in the service. Both areas were in use on the day of inspection. We saw no-one had left any food on their plates. The kitchen had a white board listing who had specific dietary requirements. For example, some people required blended diets; others required low sugar options and others had allergies.

There was evidence of the Malnutrition Universal Screening Tool (MUST) assessment in the care records we looked at and a detailed person-centred care plan to reflect the outcome. A MUST tool allows the service to monitor and keep accounts of peoples nutritional levels making it easier for them to raise any concerns. We saw one person had records they were eating and drinking sufficient amounts and were not at further risk. Another person had regular weight checks in place. Staff documented what people had to eat and drink.

People were supported to have their healthcare needs met by appropriate health professionals. Staff we spoke with were aware of people's health care needs and the senior care worker took action when there were concerns about the health of people. People's care plans showed that appropriate health professionals had been consulted and people's needs had been kept under review to maintain good health.

The senior care worker informed us they had good communication with district nurses. They said the home could contact the district nurses for advice at any time. The care records provided contained evidence of visits from other healthcare professionals such as GPs, chiropodist and Speech and Language Therapists.

During the afternoon, we observed the handover by the senior care worker to a care worker coming on duty for the afternoon shift. The manager told us they had introduced a handover sheet to make sure the handover of information was consistent and accurate. This showed us full and relevant information was shared at handover to enable the next shift to work effectively.

Good

Is the service caring?

Our findings

People and their relatives told us they liked the staff and that they were kind and helpful towards them. One family member said, "Staff know everybody so well." Another relative told us, "I would be happy here, they are all treated so well." Some people told us they exercised choice throughout the day regarding their preferred routines. We saw people had a choice of meals and where they ate them. People told us the time they got up and went to bed was determined by them.

We observed staff were courteous and spoke warmly to and about the people they cared for. We observed staff spoke with people about their past history, lifestyle and the things that mattered to them. Staff used their knowledge of people's needs to encourage them to be more independent. The staff we spoke with told us when the busy parts of the day were completed, they were able to spend time talking with people and getting to know them. One person told us, "I can have a good laugh with staff." We saw in the afternoon, that staff spent time with people and everyone was interacting and laughing. A member of staff we spoke with told us, "It's good we get the chance to sit and spend time with people."

We observed that people responded with smiles when staff entered their rooms. We saw staff make physical contact with people with a touch on their arm for reassurance. Several staff members gave us an example of how they respected one person's privacy. They said if they knocked on the door and the person answered they could go in, but if the person did not answer it meant they did not want staff to come in. When asked how long they would leave them, we were informed that staff would return after a short period of time and if they did not respond to their knock they would call to them. This showed us staff had a good understanding of people and could work in line with their wishes.

We observed the way staff worked to ensure people's dignity was maintained. We saw staff were attentive to people when assisting them to the toilet. Staff closed the doors and ensured they adjusted people's clothing accordingly. For example, we saw one person stood up and their clothes were rolled up. Staff were soon at their side and we observed them quietly say, "Your jumper is all rolled up." They asked the person if they could pull it down, which they agreed to. We saw staff speak quietly and discretely when asking people if they wanted personal care or support. For example, there was one person with limited eyesight and the staff encouraged them discreetly to have a wash and shave daily. We also saw staff assisted people to clean their hands and face after meals to preserve their dignity.

We found there was an emphasis on respecting people's dignity. The staff we spoke with all told us how they maintained people's privacy and dignity. One staff member said, "We treat people how we would want to be treated." We saw people were dressed appropriately and were clean in appearance. This showed us staff knew the importance of maintaining people's dignity, especially when some people had difficulties with their memory or understanding.

The manager told us visitors were welcomed during day time hours. However, the majority of the people living at the home did not get frequent visits. Staff told us family members and friends were always welcomed when they arrived. People could be supported to their bedroom or a quieter area of the home so

they could chat. We spoke with one relative and one visiting friend who both confirmed they visited the service regularly each week and there was no restriction on when they could visit.

Good

Is the service responsive?

Our findings

People who lived at the home told us they were happy with the care provided. One person said, "They will do things when I ask them to help."

We asked staff about people's support needs. Staff gave us specific examples of people's needs. This showed us staff understood people's needs and they kept family members informed about people's health care matters. We saw people's care records contained information about each person's history, needs, health, hobbies and preferences. Staff told us, "We use care plans to catch up on people's needs and when someone is new." Staff were also able to tell us about each person and how they met their care needs. We saw, for example, staff supported a person with the use of a walking stick. They verbally encouraged this person to use their walking stick to remain independent. We saw another person needed support because they became agitated with people around them. Staff provided support to the person to distract and calm them.

We saw staff shared information between shifts so that they had up to date information about caring for people. The manager told us they had introduced a handover sheet to improve communication between staff. We saw this was used, for example, when one person was unwell and this had been passed on to the next shift. We saw the senior care worker regularly checked on the person. Staff told us that the handover between shifts kept them informed of people's changing needs.
People's needs had been reviewed by health professionals and their recommendations had been included in the care records. Staff we spoke with were able to tell us who was at risk of developing pressure sores and how they supported them. This showed us people received personalised care that was responsive to their needs.

There were activities in the home. People told us they had access to interesting things to do; they had been to church, bingo, hairdresser and flower arranging. One person told us, "I don't like to go out; staff play dominos with me here." There was evidence that people had been supported to go out into the community and take part in activities. We saw during the afternoon that people were enjoying various activities with the support of staff and there was a positive atmosphere with lots of conversation and laughter. On the day of inspection, a trainer was completing chair based exercises and staff were supporting and encouraging people when necessary. The home had a notice board listing the activities for that week so people knew what was happening.

The people and relatives we spoke with told us they knew how to complain if they needed to. They told us they would talk to the staff or the manager who they saw on a daily basis. People told us they had not complained, but felt the manager would listen to all complaints and act appropriately. Staff told us they were aware there was a complaints procedure and told us how they could escalate and record a complaint if required. The complaints procedure was displayed on the wall in the entrance, in the home's Statement of Purpose and was in the policies and procedures. There had been no complaints about the service this year. The manager said complaints would be recorded and responded to in writing if the need arose.

Good

Is the service well-led?

Our findings

The provider had met the legal requirement to have a registered manager in place. The service's manager was in the process of registering with the Care Quality Commission and they showed us the application. The application had not yet been processed at the time of the inspection.

The manager was in day to day control of the service and was supported by senior care staff. People told us they knew who the manager was and spoke positively about them. One person told us, "The manager is here all the time." We observed the manager working and supporting people and staff. Staff members came to the manager to answer questions about the day to day running of the service. People also told us about the provider and said they visited the home regularly.

Staff we spoke with said they had regular meetings with the manager about what was expected of them and felt they had good support and direction in their work. The manager told us they were always available for staff to speak with or out of hours on the phone. They told us the provider visited regularly and was always on call for support and assistance. The manager told us they were working to involve the staff team in any developments in the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the home. The manager had informed us of events that they were required to. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

People that used the service and relatives had been able to share their opinions about the service via 'residents meetings'. The manager told us they also talked to people on a one to one basis to ensure the home was meeting their needs and, if there was anything they wanted, this was documented in their daily notes. On the day of our inspection, we saw a residents meeting taking place. Everyone was given the opportunity to be involved and everyone was encouraged to get involved.

Relatives and people who used the service knew who the manager was and felt they could approach them with any problems they had. This demonstrated that the provided encouraged and promoted an open and transparent culture. Our conversations with the manager confirmed that they knew the people who used the service well.

People who used the service had a monthly opportunity to comment on the service and areas for improvement. A document called 'How are we doing' asked questions of people regarding whether their care needs were met, if the home was clean, how the food was, whether there were options for activities and how the staff were. We looked at the previous surveys and saw positive comments had been made. This showed us the service was actively looking for areas to improve.

Audits had been completed by the provider on a monthly basis which raised areas of improvement in complaints, medicines administration, care planning, staffing levels, food and nutrition, activities, training

and accidents and incidents. The manager told us that the provider responded to requests for improvements. Problems identified within the home that could affect the safety of people who used the service were fixed as a higher priority than other jobs.