Sentimental Care Limited

Asher 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

Asher House provides care for up to 20 older people who may be elderly and or have a physical disability. Some people are living with dementia. There were 12 people living in the service when we inspected on 24 September 2015.

The service had 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.

People felt safe living at Asher House and spoke positively about the care provided to them. Staff were employed in sufficient numbers to meet the needs of people. Staff knew people well and treated people with kindness, dignity and respect. Relatives and friends were welcomed and visitors spoken with were positive about the service being provided and said they could visit at any time. They spoke about the relaxed and homely atmosphere and this was evident on the day we visited.

Summary of findings

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by senior staff and acted upon.

Appropriate recruitment checks took place before staff started work. Staff received training and on-going support to help them perform their allocated job role.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to take their medicines as prescribed and were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People enjoyed their meals as a social occasion, and had access to a varied diet that took into account people's preferences and any individual needs associated with health conditions or poor nutrition

People received care that was based on their needs as an individual. Efforts were made to identify people's preferences in a wide range of areas and arrange care so as to meet those needs

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The manager had created an open culture within the service, where people who used the service, and staff felt able to express their views about the service. There were systems in place to help ensure the safety and quality of the service 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.

There were sufficient numbers of skilled and experienced staff to meet the needs of people who used the service.

People were protected from harm. Staff received training and understood their roles in recognising and reporting any signs of abuse. The service acted appropriately to ensure people were protected.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

The registered manager ensured staff received appropriate training to give them the knowledge and skills to meet people's needs.

People were able to choose what to eat and drink.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Good

Is the service caring?
The service was caring

Staff knew people who used the service well, respected people's preferences and treated people with dignity and respect.

Positive, warm and caring relationships had been formed between people using the service and staff.

Good

Is the service responsive?
The service was responsive.

Care plans were up to date and helped staff meet people's needs.

Individual and group activities took place and these were planned in line with people's interests.

People were able to raise concerns with staff and felt confident these would be responded to if required.

Good

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

Staff were supported by the registered manager and their deputy who were approachable and listened to their views.

The manager had developed links with the local community which prevented social isolation.

Good

Summary of findings

There were systems in place to monitor the quality of the service and make improvements where needed.

Asher 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 24 September and was unannounced. The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, we reviewed information we had received since the last inspection including notifications of incidents that the provider had sent us. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people who used the service and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager of the home, three care staff. We made contact with a local GP practice to ascertain their views about the quality of care provided to people who used the service.

We reviewed the care records of three people who used the service. We also examined the records for three staff and looked at records relating to the management of the service. These included documentation such as accidents and incidents forms, complaints and compliments, medicines administration records, quality monitoring information, and fire and safety records.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Asher House. People said that they thought the home provided a safe environment and they were well cared for. One person said, "I feel very comfortable here. The building is nice and airy, and the staff make sure we don't have to worry about anything really."

People were protected by staff who knew how to recognise the signs of possible abuse. Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. They were able to describe the action they would take to protect people and to report any allegations of abuse. Staff felt confident that senior staff would take appropriate action to keep the people at Asher House safe. One staff member said, "I have to report it." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified.

People's relatives told us that there were always staff around when they visited. Our observation was that people spent their time together in the lounge overlooking the garden and there were always staff present ensuring that people were not left alone. We saw some people go out into the garden with a member of staff during our visit and they stayed with them making sure people were kept safe. Staff said that staffing levels were sufficient to meet the needs of people using the service. One staff member commented, "but generally I do think we have enough staff."

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with two employment references, a health declaration and proof of identity. All of these checks helped protect people who used the service from coming into contact with people who present a known risk to vulnerable adults.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans documented the support people required to evacuate the building safely. Staff said they knew what to do in the event of an emergency and records confirmed that staff completed training around fire safety. People were protected by staff ensuring that the risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment.

Assessments were carried out which looked at any risks to people's safety and how these could be reduced. These were completed for areas such as risk of falls, the use of bed rails, moving and handling, nutrition and skin integrity. Care plans were drawn up as appropriate following these assessments to help prevent or minimise the risk of harm to people using the service. For example, where a nutritional risk was identified for one person, care plans addressed the support and monitoring required to meet their needs, including regular, recorded weight checks and encouragement to eat nutritious meals. Another example was that a risk assessment in relation to falls had been reviewed following an accident or incident to help keep the person safe.

Visitors told us the staff team knew people well and knew how to respond when they were distressed or anxious. Examples of this were seen during our inspection when people became anxious and received calm reassurance. The outcome was that people presented as much more relaxed, enjoying tea and biscuits soon after.

People felt confident that their medicines would be administered safely. One person told us, "I used to forget my tablets at home but here they are just brought to me every day. It's one less thing to worry about."

All prescribed medicines were kept securely and the records were clear and up to date. We checked the arrangements for the management of people's medicines by reviewing a sample of medicines records and supplies for people using the service. We also observed staff providing a person who was feeling unwell, with some prescribed pain relieving medication. This was done in a safe manner by the member of staff concerned who ensured that the identity of the person receiving the tablets was confirmed, and that the dosage was as prescribed. The manager told us, and records of training and staff rotas confirmed that only trained care staff administered medicines, and there was always a trained member of staff on duty.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. We observed staff supporting a person to mobilise from a chair to a standing position so they could use their frame to get to their desired location. Staff ensured that any hazards were removed from the area and the person concerned was supported to bear their weight slowly and securely. Staff had completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, infection control and basic first aid. Staff confirmed that they had regular training and that courses were refreshed annually or as required. One staff member spoke about how they had been supported to undertake a qualification relevant to their role.

The senior carer told us, and records confirmed that new staff received a structured and recorded induction within 12 weeks of starting work and shadowed other staff for three to four weeks depending on their progress. One member of staff told us. "I had done care work before, but they took their time and made sure I was confident before I worked on my own."

Staff were supported through regular supervision sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the registered manager and team leader informally to discuss any issues they had. Staff said they found the management team to be supportive.

People were asked for their consent before care was provided. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Written information was available for staff to reference following their training. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. We saw applications for Deprivation of Liberty authorisations had been made to the Local Authority in line with current guidance. Staff were aware of what to do when people were unable to make some decisions for themselves and how to escalate concerns if they felt this was not taking place.

Care files included capacity assessments documenting each person's ability to understand, remember, weigh up and communicate the information provided to them and look at what was in their best interests. For example, a best interests checklist had been used to document a decision made for one person around taking their medicines. We saw their family and friends had been consulted about the decision being made along with involved health professionals.

We observed staff supporting people to eat their meals during the course of our inspection. Staff assisted people individually to eat when this was required and this was done in an unhurried manner. People enjoyed their meals as a social occasion, engaging in everyday conversation with other people who used the service and the staff who were supporting people. People spoke about their favourite foods, including ice cream and Sunday roast. One person explained that the cook took requests for meals every day and told us, "Its good, the food usually is."

People's individual weight was monitored if needed. Care plans addressed people's nutritional requirements with screening assessments completed to help safeguard people from the risk of malnutrition. Where people were identified as being at risk of malnutrition, people were referred by the service for support from the dietician service linked to the local GP practice, and advice was received and recorded, guiding staff as to how best to support the person concerned.

People received support to access a range of community healthcare professionals to support their individual health needs. For example, records documented regular visits from the GP, dentist and chiropodist. District nurses visited when required to provide wound care or any nursing interventions required. Feedback received from a GP practice was positive in that they stated the staff let them know as soon as anyone needed to be seen by a nurse or doctor, and they had, "No concerns," about how the service worked with them.

Good

Is the service caring?

Our findings

Feedback from people was positive about the quality of care and support they received. Comments included, “It’s a good place for care,” and, “Very good.” One visitor told us they were particularly pleased with the comfortable and homely atmosphere within Asher House. This view was echoed by another person who used the service who praised the, “Homely and friendly,” feel of the service.

Staff delivered care in a kind and compassionate way. We saw staff showing photographs of their family members to people and discussing and comparing their experiences of being a grandparent. We saw examples of compassionate physical contact, such as hand stroking and soothing stroking of the hair of someone who was distressed. The staff were friendly, patient and discreet when providing support to people, for example if someone required help adjusting their clothing this was done without drawing attention to, and whilst reassuring the person concerned. We saw that all the staff took the time to speak with people as they supported them and saw that these interactions supported people’s wellbeing.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, “I have no concerns with the care provided here, I can honestly say I would have no problem with a relative of mine receiving care here.”

Our observation showed staff were kind, caring and compassionate. It was evident they knew people well, speaking to them in a kind and caring manner. Staff spoke to people respectfully and gave them choice when making everyday decisions such as what they wanted to do, eat or drink. Staff knew the people they cared for and were able to tell us about individual’s likes and dislikes, which matched what was recorded in individual care records. One staff member commented, “The manager always says ‘put the residents first’ in everything we do.” We observed conversations taking place during our visits with staff referring to people’s previous jobs and life experiences which prompted people to smile and laugh about their previous experiences..

A profile and care needs summary was available on each person’s file. These gave staff important information about people in a more concise format including some life history, likes and dislikes along with any identified risks.

Staff were able to demonstrate knowledge about each person and their individual needs. For example, how one person liked to have a shower on a Friday before getting their hair done. Records showed that this person regularly had a shower on Fridays, showing that their preferences had been respected by the staff.

People’s end of life care was planned with them and their family or representatives. Booklets were used to document individual wishes, enabling people to make their wishes known in advance. The manager told us that some relatives were uncomfortable completing these when their family members moved in to the home, so they left them until they seemed more settled. However, the manager also told us that once they had been filled in, relatives had informed them that they felt more secure knowing arrangements were in place should they be needed.

Good

Is the service responsive?

Our findings

People were provided with opportunities to engage in a variety of social activities. Staff told us, and people confirmed that activities held regularly included church services, visiting singers and musicians, trips to local garden centres, tea dances, trips to restaurants and places of interest. People were supported to access the local community informally, through use of a community mini bus service, with staff escorting where needed. Staff told us that they had access to a wide range of items they could use for individual and group activities, including board games and equipment for providing manicures to people who enjoyed these. People told us they felt the home provided enough opportunities for activities. One person said, "I'm not bored that's for sure. I enjoy some of the music and the quizzes, but if I want to just read in my room I can easily and they don't bother me."

Assessments were completed before people came to stay at Asher House and these were used to develop a personalised care plan for each person. We saw examples of monthly progress reports, identifying any changes in the needs of the person concerned, and related changes to the plans. For example, where a person's weight chart indicated they were losing weight, plans for increased monitoring were implemented, meaning the likelihood of any further changes in weight being identified were increased.

Each person's care plan addressed areas such as nutrition, personal care, recreation and activities. The plans were individualised and included details about the preferences people had in relation to 17 areas of daily living including their preferred routines, health needs, and social, emotional and personal care needs including detailed information that helped staff to effectively support and care for them.

People's care needs were reviewed regularly. Records we saw included written feedback from the relative of one person who used the service stating they were happy with the care provided and did not wish to request any changes to the care plan. We saw that people's relatives or representatives were kept informed about any changes to their health or support needs. One visitor told us they were in contact each week to for an update on their relative.

Relatives and friends visited on the day of our inspection. The visitors spoken with confirmed they felt welcomed by staff. One visitor told us, "I have a very good relationship with staff. We are in regular touch by phone and they always let us know if there's anything we need to know. We're happy with the care."

People told us they were able to voice their concerns in a variety of ways if they had any. One person told us they could raise any issues at meetings. Another person told us, "I would talk to [manager], they are always available and if anything needed looking into they would do it straight away, but I have no complaints." The manager confirmed, and records indicated that no complaints had been received by the service in the last 12 months. Records showed compliments, comments, concerns and complaints that were documented, investigated, acted upon and used to improve the service. For example providing further training for staff.

Good

Is the service well-led?

Our findings

There was an open and supportive culture in the service. Feedback from people and relatives about the staff and management team were positive. One person said, "The [care staff] here are very approachable." Staff gave positive feedback on the culture they felt the service promoted, for example, one member of staff told us, "We are all expected to treat everyone here the way we would expect to be treated if we were living in a care home."

Staff said the registered manager was available when they needed her and that she always encouraged them to be person centred in their approach to care. Comments included, "The manager takes it on board, we have regular staff meetings," and, "She is flexible and open."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Regular meetings were held that enabled staff to discuss issues and keep up to date with current practice. Staff told us they felt able to contribute to the development of the service. For example, one member of staff told us, I would say if I had any suggestions, and my manager would go along with it 100% if it was a good idea."

The home had systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines to make sure staff were following the correct procedures and people were receiving their medicines as prescribed. We saw action was taken where any issues or shortfalls had been identified.

Feedback was mainly obtained informally from people using the service. The manager and senior staff all spent some of their working week 'on the floor', and knew people using the service well. A quality assurance system was in place to obtain the views of people using the service along with their relatives and representatives. The registered manager told us, and records confirmed that relatives and friends meetings had been arranged and people had made suggestions that had been acted on, such as facilitating one person to bring some additional items to the home to support an interest they had and wished to pursue.