

Solehawk Limited

# Ashton Court Care Home

## Inspection report

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Date of inspection visit:  
06 October 2022

Date of publication:  
26 January 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashton Court Care Home is a residential care home providing personal and nursing care for up to 42 people. The service provides support to older people, some of whom live with dementia, across four floors in one purpose-built home. At the time of our inspection there were 40 people using the service.

### People's experience of using this service and what we found

People and their relatives were very positive about the care provided. People told us they felt safe and staff had the skills to support them. Relatives provided positive examples of how staff had helped improve people's lives since moving to the home.

Staff were safely recruited and received an induction, followed by on-going training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. Staffing levels were appropriate and met people's needs.

People and relatives were involved in every stage of care planning. People had personalised care plans and staff were delivering person-centred care.

The registered manager had an effective quality assurance system which included regular audits and checks. These were used to identify any areas for improvement.

Staff ensured people living at the home were happy. Staff promoted people's independence, their passions and personal interests. People, relatives, staff and professionals were offered opportunities to provide feedback about the care provided at the home.

The service was following infection prevention and control procedures to keep people safe

Medicines were managed safely. Risks to people were assessed and action was taken to reduce the chances of them occurring. The registered manager acted on feedback immediately. People were safeguarded from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Rating at last inspection and update

The last rating for this service was good. (24 October 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service is effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service is well-led.

Details are in our well-led findings below.

**Good** ●

# Ashton Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ashton Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashton Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke to the registered manager, 5 care staff, 4 relatives and 5 people who live in Ashton Court. We reviewed a range of records; this included 3 people's complete care records and the medication records for 3 people.

We carried out a visual inspection of the home and observed interactions between people who lived at the home and staff.

We looked at three staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We used all this information to plan our inspection.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "We are all trained in spotting abuse and thankfully I've never had to report any issues."
- People told us they felt safe when receiving their care. One person told us, "Oh yes, I feel really safe here, everyone is just lovely."

Assessing risk, safety monitoring and management

- People were kept safe as individual risks to them people were assessed regularly. The provider acted to mitigate any potential risk.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Regular health and safety checks were undertaken by staff responsible for the maintenance and safety of the premises. Equipment such as hoists were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to support people.
- New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed.
- Staffing levels were regularly reviewed against people's support needs. One relative said, "We have never seen any issues, there's always staff around when you need them."

Using medicines safely

- Medicines were managed safely. The manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly.
- People and relatives told us that they were confident in the medicine's management within the service. One relative said, "The staff certainly know what they are doing, I have never come across any mistakes, [person] has a variety of medications to take and they always get them on time."

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

## Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs fully assessed and care plans reflected their choices and best practice guidance.
- Electronic care plans included comprehensive assessments of people's needs which were updated regularly. The system flagged when reviews were due or missed enabling staff to update as required.
- Care plans contained person-centred information; this included identifying triggers which impacted on people's wellbeing, as well as techniques for staff to use to reduce any behaviours which may challenge.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had received appropriate training and support. One relative told us, "I'm confident all the staff are well trained, they seem so confident and always know what they are doing with [person] and their needs."
- The providers training matrix showed a high level of compliance for all staff in topics such as medicines administration, manual handling, oral health and food hygiene.
- Staff felt supported by the manager and had ongoing opportunities to reflect on their working practices and professional development. This included regular supervision meetings and an annual appraisal of their overall work performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Care plans had step by step guidance for staff who were supporting people with eating and drinking. The guidance was specific and in depth for everyone's complex needs.
- We observed mealtime in the dining area and lunch was relaxed and unhurried, staff gave appropriate assistance to enable people to eat in a dignified manner.
- Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from speech and language therapists (SALT).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other healthcare professionals and services. The Nominated Individual told us care workers accompanied people or arranged visits to hospitals and appointments with GPs.
- Care records included details about people's medical history, ongoing health needs and a record of appointments with healthcare professionals was also documented.

- The provider involved health and social care professionals when needed and responded to recommendations from them. For one person with specific health needs, the service had arranged for the Community Liaison Nurse to visit to provide additional support when required.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted and designed to meet people's needs. People received care and support in a safe and clean environment. One person told us, "I can't think of any improvements, I've got a lovely room, I can shut the door for privacy when I like, I have no qualms at all."
- People were able to furnish their rooms with personal belongings and furniture. There were communal seating areas that were furnished with plants and literature in order to give people a quiet place to sit and relax.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Care was delivered in line with the MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "There's a really good culture here, I think everyone works well together and we do what we can to make sure people have everything they need."
- The manager communicated with people, relatives and staff. Relatives told us the management team were approachable. One relative commented, "The manager is lovely, we always know what's going on and if there's any changes we know they will contact us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy and the provider understood their responsibility to be open and honest if something went wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks on a monthly basis.
- People and relatives were happy with the management and staff. One person told us, "It's just marvellous, it's a lovely place to be and nothing is a problem for the staff, I can't praise them enough."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to discuss things that were important to them through family meetings and social media groups.
- The provider held team meetings with staff where their views were heard, these included meetings for care staff, senior staff and nurses.
- A resident's satisfaction survey had been completed in 2021. Feedback was positive and the provider had

taken on feedback and suggestions made as part of the survey.

#### Continuous learning and improving care

- The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.
- Staff spoke positively about the care and support provided and the staff teamwork. The provider took part in The Care Award which helps promote staff improvement and development.
- The electronic care planning system and medicines administration system were used effectively to monitor and improve care.

#### Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.