

Mr Barry Potton

Asquith Hall EMI Nursing Home

Inspection report

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Date of inspection visit:
23 October 2017

Date of publication:
01 December 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

Asquith Hall provides nursing and personal care for up to 53 people with dementia and mental health needs. The service is divided into two units: Willow unit on the ground floor which accommodates 25 people living with dementia, and Meadow View on the first floor which accommodates 28 people with mental health needs. There were 53 people using the service when we inspected.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe. Staff understood how to identify and report potential abuse, and there was a good culture of reporting incidents as required.

There were enough staff to provide safe care.

People's medicines were well managed and stored securely.

Maintenance of the premises and servicing of equipment and fittings were up to date.

People were confident staff had the skills to provide effective care, and we saw training was kept up to date. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw the lunchtime meal was a relaxed experience for people, who were promptly assisted when needed. People could choose what they ate and told us they enjoyed the food.

Feedback about the caring nature of staff was consistently good. People were involved in care planning and review, and we saw staff had training to ensure people's diverse needs were met.

People had access to a range of activities including trips to the local community and further afield. People went into the garden whenever they wished.

Complaints were managed well. The provider considered lessons that could be learnt from these.

We received positive feedback about the registered manager. There were systems in place to monitor and improve quality in the service, and we saw people, their relatives and staff were involved in these processes.

Further information is in the detailed findings below

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 remained good

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, and we were able to improve the rating to Good.

Asquith Hall EMI Nursing Home

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.

Our comprehensive inspection took place on 23 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in mental health nursing and two experts-by-experience, with experience of supporting people who used this type of service.

Before our inspection we reviewed all the information we had about the service. This included past inspection reports and notifications about significant events which the provider has to send us. We also contacted other agencies such as local authority commissioners, safeguarding teams and the fire and rescue service. We did not receive any information of concern.

We sent the provider a Provider Information Return (PIR) before the inspection. 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.

During the inspection we spoke with the operations director, compliance manager, the clinical manager and the provider. The registered manager was unavailable on the day due to annual leave, however we spoke with them by telephone after the inspection. We also spoke with eight members of care staff, 12 people who used the service and five visiting relatives.

We looked at information related to care provision including six people's care records and documentation to show how the service is run.

Is the service safe?

Our findings

People and their relatives told us they felt safe, and we observed a relaxed atmosphere throughout our inspection. Comments included, "I have no concerns with [name of person] being here", "I'm safe here, I don't have to worry in the night" and "If they [staff] see anything brewing they use preventative techniques rather than crisis management."

Staff we spoke with understood how to recognise the signs of potential abuse and knew how to report these. We saw evidence the registered manager made appropriate referrals to safeguarding teams and the Care Quality Commission. Risks associated with people's care and support were well documented, regularly updated and included guidance for staff to show how those risks could be minimised.

Some people experienced behaviours which challenged them and others. Staff had training to enable them to anticipate and manage any incidents safely. During our inspection we saw staff diffuse any emerging incidents calmly and without use of restraint.

Staffing levels were calculated to meet the needs of the people who used the service, and reviewed weekly to ensure these remained appropriate. Rotas we looked at showed staffing levels were consistent, and we saw staff were able to respond to people's needs in a timely way.

Medicines were managed safely. We saw storage was secure, kept at an appropriate temperature and no medicines were out of stock. There were some gaps seen on Medicines Administration Records (MARs), however the medicines audit had identified this and we saw action was being taken. We discussed further improvements to this area with the compliance manager. Where medicines were given covertly, for example in food or drinks without the person's knowledge, we saw there were appropriate safeguards in place to ensure this was done safely and in the person's best interests. We saw people received 'as and when' (PRN) medicines such as those for pain relief, and staff had access to guidance to show how and when people may need this.

We saw the home was well maintained, with regular checks and servicing of equipment carried out. We did not have any concerns about infection control in the home, and we saw the registered manager carried out a monthly audit of this to ensure any emerging issues were addressed in a timely way.

Is the service effective?

Our findings

People we spoke with told us they had confidence in the ability of the staff to provide effective care and support. We saw staff had a thorough induction including the care certificate for those who had not worked in care settings before. There was a programme of on-going and refresher training in place, and records we looked at showed this was up to date.

Staff told us they had good support from the management team, including meaningful supervision meetings, appraisals and informal measures such as open communication and access to counselling and complementary therapies such as reiki and massage.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they were able to make choices about their care and daily routines, and our observations confirmed this. One person told us, "I get up and go to bed when I like, I like solitude and feel that this is respected by the staff." Staff told us they respected people's decisions and gave care and support only when people consented. We saw good evidence of a consistent approach to assessing people's capacity to make specific decisions. Best interests decisions had been made appropriately where necessary. We observed staff asking for consent from people before providing any care, and saw people made choices about how they spent their time. The provider recognised when DoLS were needed and submitted applications accordingly.

We observed the lunchtime meal service, and saw people had choice of what they ate including requesting things which were not on the menu for that day. We saw pictorial menus were available to assist people with making choices. The meal time was relaxed and we saw people got support they needed in a timely and focused way. People told us they enjoyed the food served.

People and their relatives told us they received good support with accessing health and social care professionals, and evidence in care plans confirmed this. Comments included, "I have all my health care taken care of by the staff, they ask and inform me of appointments," and "They don't knee jerk when [name of person] has a seizure, they try not to send [them] to hospital as [person] really doesn't do well there, they will bring in the local GP first."

Is the service caring?

Our findings

People and their relatives gave consistently good feedback about the caring nature of staff, and we observed good practice throughout the inspection. Comments included, "They [staff] calm me down when I get anxious", "Good attitude from staff, they have been brilliant with my relative", "They are really kind and caring" and "It felt like coming home rather than a home." Relatives told us staff were also supportive of them, and said they felt able to visit at any time.

We saw people's privacy and dignity were respected. Staff were discreet when assisting people, and knocked on doors before entering people's private rooms. Staff gave examples of how they followed good practice in this area such as, "Shutting curtains and covering people during personal care", "Maintaining people's confidentiality" and "Having time to support people at their preferred pace."

Care plans evidenced ways in which people and their relatives had been involved. For example, in liaising with people and their families in order to write plans which showed how interests and routines would be maintained.

Staff training enabled them to support people to maintain their relationships based on factors such as their cultural background, sexual orientation and life history. People's spiritual needs were being met. There was a regular religious service, and people were able to visit places of worship if they wished. The operations director told us they set up dining tables in people's rooms at Christmas so that they could invite family to spend the day with them. One person said, "At Christmas I can have all my family round. I'm really looking forward to Christmas."

Is the service responsive?

Our findings

We saw evidence that people and their relatives were involved in reviews of care plans. One relative told us, "We are grateful we have finally found a place for [name of person] that understand [them]." Another relative said, "They keep you informed and up to date with things." The processes resulted in care plans that were tailored to meet people's individual needs.

People had access to a range of activities which included accessing the community. We were told trips had taken place to Todmorden and Blackpool, and we saw future plans included taking people to a railway museum in Bury. We saw people were supported to go outside into the grounds of the home whenever they requested to. Care plans contained good records of the activities people had engaged with. On the day of our inspection we saw staff leading reminiscence activities and music therapy sessions. We saw differing levels of engagement, however on one unit we saw staff actively trying to get people involved. One person told us after this activity, "It was the best part of the week."

There were systems and processes in place to ensure complaints were investigated and responded to in a timely way. Records showed people received a written response and the registered manager included information about lessons the service had learnt to improve in future. The newsletter to people and their relatives included a 'you said, we did' section to show how the service was responding to feedback received.

Is the service well-led?

Our findings

At our last inspection in May 2015 we rated this key question as 'requires improvement', as some risk assessments and records about people's care were not always sufficiently robust. We identified a breach of regulations relating to good governance in the service and asked the provider to send us an action plan to show how improvement would be made. At this inspection we saw evidence to show the action plan had been followed and concluded the provider was now meeting the requirements of this regulation.

There was a registered manager in post when we inspected, however they were on annual leave when we visited. 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.

We received good feedback about the registered manager. A person who used the service said, "The manager is nice, and people [staff] do what [registered manager] tells them." A relative told us, "[Name of registered manager] and the nurses are always on hand if you need them. I'd say it was really well run, and we are delighted with the service." Another relative said, "Staff that were here when we originally came have stayed and been promoted, which is good as it shows they value staff." We saw there were staff recognition programmes in place, and people and their relatives were encouraged to nominate staff for a range of awards.

Staff were equally positive about their experience of working at the home. One staff member told us, "[Name of registered manager] is always visible and very accessible." Another staff member said, "You can go and see [the registered manager] at any time."

People and their relatives were very complimentary about their experiences of the care provided at Asquith Hall. One relative told us, "I think without a doubt they are the best care provider we have used by far." Another relative said, "Without a doubt, I'd recommend this place to anyone."

There were systems in place to measure, monitor and drive improvement. The registered manager oversaw a programme of audit in the home, including areas such as falls, accidents and incidents, care plans and medicines. The compliance manager also undertook a quarterly 'audit the audit' programme which checked on the accuracy and efficacy of the audit programme together with providing more detailed analysis. We saw action was taken when needed, and when we identified some inconsistent information provided to staff in relation to thickeners to be added to some people's drinks, action was taken immediately.

People, their relatives and staff had been involved in the running of the home. There were regular meetings and surveys to enable people and relatives to give feedback, and we saw evidence the registered manager was responsive to this. In addition the registered manager held a range of meetings with various groups including care staff, nurses, kitchen and ancillary staff, activities staff and members of the management

team.