

Casequest Limited

Ashbourne House - Stockport

Inspection report

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21 May 2019

23 May 2019

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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 ●

Summary of findings

Overall summary

About the service:

Ashbourne House- Stockport is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both premises and the care provided, and both were looked at during this inspection. The home provides care and accommodation for up to 23 people. At the time of the inspection there were 20 people living at the home.

People's experience of using this service:

At this inspection we found the evidence continued to support the continued overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

People felt safe living at the home. Risks were well managed. Medicines were managed safely. Staff helped people to stay healthy and people had access to a range of health care professionals.

Staff received the training and support they needed to carry out their roles effectively. Staff members had been safely recruited and there were enough staff to provide people with the person-centred support they needed.

The home was clean and well maintained.

People were involved in decisions about their care and support. The provider was working within the principles of the MCA.

Staff interacted with people in a kind and sensitive manner. People seemed relaxed and comfortable in the company of staff.

Staff and managers knew people really well and showed genuine empathy and understanding for the people who lived at the home. People spoke with fondness about the staff and the homely nature of the service.

Care records were person-centred and were reviewed regularly. They gave sufficient information to staff to guide them on the care and support people needed.

There was a range of activities on offer, both in the home and in the community to help prevent people becoming socially isolated and to keep people active.

Everyone was very positive about the registered manager and the way the service was organised and run.

Audits of the service, company policies and procedures and staff practice all helped to evidence how the

service was meeting the regulations. The quality assurance records that we saw demonstrated how the registered manager maintained good oversight of the service.

Rating at last inspection:

At our last inspection, published in November 2016, we rated the service as good.

Why we inspected:

This was a planned inspection based on the last inspection rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ashbourne House - Stockport

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of inspection was undertaken by one adult social care inspector, an assistant inspector 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. The second day of inspection was completed by one adult social care inspector.

Service and service type:

Ashbourne House - Stockport is a care home that provides care and accommodation to 23 older people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also one of the providers.

Notice of inspection:

The first day of the inspection was unannounced. Inspection site visit activity started on 21 May 2019 and ended on 23 May 2019.

What we did:

Before the inspection 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 what improvements they plan to make.

We also looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Stockport for their views on the service. They raised no concerns.

During our inspection we spoke with 15 people who used the service, two visitors, the registered manager, deputy manager, officer charge and two support workers.

We carried out observations in public areas of the home. We looked at two people's care records, a range of records relating to how the service was managed including five people's medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People who used the service told us they felt safe living at the home. The said, "Yes, I sleep well, eat well, everything is fine. I do feel safe here" and "Safe? Absolutely. I am safer here than anywhere else, there are so many staff around." Visitors we spoke told us that that they were happy with the care provided to people who used the service.
- People were protected from the risk of harm, abuse and discrimination.
- Staff had received training in safeguarding people from abuse and were confident if they raised any concerns they would be dealt with appropriately.

Assessing risk, safety monitoring and management.

- Assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being.
- Records showed that risk assessments had been regularly reviewed and updated when people's needs changed. We saw that following water temperatures being identified as being above recommended safe levels, risk assessments for safe bathing had been updated and remedial action had been taken.
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment used. Concerns or repairs were dealt with effectively.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

Staffing and recruitment.

- We found there was a safe system of staff recruitment in place. We looked at three staff files. We found that staff files had evidence of the identity of the staff members. Two files did not have photographs of the staff member. The registered manager explained that this was because neither staff member had any photographic identity documents and because of this the registered manager had asked for additional evidence of identity. By the second day of our inspection recent photographs of the staff were in place. Staff files contained the necessary checks and documents to ensure fit and proper people were employed. This included a check by the Disclosure and Barring Service (DBS). A DBS check helps to ensure that people are suitable to work with vulnerable adults.
- People told us that there were always enough numbers of staff to meet their needs. People said, "Oh there is plenty of staff" and "Yes there's enough staff. Somebody will help me depends what it is." A staff member said, "I have time to sit and mingle with residents. I do get the opportunity to do this most days."
- Staff rotas we looked at confirmed staffing numbers were provided consistently.
- The service had policies and procedures to guide staff on what was expected of them in their roles.

Using medicines safely.

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. Stocks of medicines we checked were accurate. Medicines were stored safely and securely.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

Preventing and controlling infection.

- The home was visibly clean and there were no unpleasant odours. One visitor said, "The environment is very clean, good well-kept garden."
- Records showed that staff had received training in infection prevention. There were robust systems in place to prevent the spread of infection or disease.
- Suitable facilities were in place for the laundry of people's clothes.

Learning lessons when things go wrong.

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- Managers of the service reviewed the action taken to identify any patterns or lessons that could be learned to prevent future occurrences. We saw that following a fall one person was moved to a downstairs bedroom to help them remain independently mobile.

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.

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.

- Care records included a detailed preadmission assessment. This included information about people's wishes, choices and the support they needed. This would help ensure the home could meet people's needs. These assessments were used to develop care plans and risk assessments.
- People told us their support needs were met at the home. One person who used the service told us, "I am happy and contented."

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 Act 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider was working within the principles of the MCA. No one was currently subject to a DoLS. The correct procedures for applying for DoLS had been followed for one person, and the home was waiting for this application to be completed by the local authority.
- We saw that people had been involved in decisions about their care and had signed to indicate they gave their consent to how the care and support was being provided.
- People were supported to have maximum choice and control of their lives. One person told us, "They explained and asked my consent."

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. One relative said, "Staff know what they are doing."
- Records showed staff completed a range of training the provider considered mandatory. Staff were positive about the training provided.
- The provider had an out of hours on call service if staff need to speak to a manager for advice. Staff told us

they felt supported and could always speak with a manager if they wanted.

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

- We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating.
- People told us the meals were good and there was always plenty to eat and drink. We observed a lunch time meal and people seemed to enjoy their meals and were given time to eat at their own pace. The lunch time food was home cooked and looked appetising. We saw that regular hot and cold drinks were served during the day.
- People told us they could have drinks anytime they wanted. There was always water in their room. They said, "The menu is written on the board and if there's something you don't like, staff will give you a sandwich choice" and "I am pleased with the food given to me."

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

- People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GPs, podiatrists, opticians and dentists.
- A staff member told us, "We have a good relationship with the GP's, they do a round every fortnight. The district nurse's only call if we need them, they are responsive and will come out quickly."
- A visitor told us, "The staff are quite good at making sure [person who used the service] uses the frame to walk, its available in the lounge to use. Staff are very timely making sure the doctor comes."
- The home used the hospital 'Red Bag' initiative. This aims to standardise and speed up the transfer of paperwork, medication and personal belongings of a resident throughout their hospital visit.

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

- We saw that bedrooms were spacious and personalised and contained pictures and photographs of things that were important to people.
- The garden was level access and well maintained. We saw that people enjoyed spending time in the garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- We observed staff interacted with people in a kind and sensitive manner. People seemed relaxed and comfortable in the company of staff.
- During inspection a resident fell. Staff very attentive, dealt with situation calmly and called an ambulance as the person was complaining of pain. Everyone very gentle and caring during the incident. Other people who used the service were concerned for the person. Staff talked to everyone and gave reassurance. There was genuine empathy and concerns from staff for all the residents during the incident.
- Staff told us they get to know people really well and could spend time talking with people. One staff member said, "Yeah, I get chance to sit down with people. We read care plans and get to know them, and you get some information from the family, helps you to know about the resident's life", "It's a home from home, all staff are lovely, the residents are a pleasure to be with" and "We're all one big happy family."
- Everyone we spoke with was positive about the staff and managers. People who used the service said, "The girls [staff] are wonderful" and "Yes, staff show me respect and are very kind." Visitors we spoke with said, "I have never met a staff that hasn't been kind. If you are unhappy they will sort it" and "Respect for residents? I think they have it. Absolutely brilliant staff."
- People spoke with fondness about the staff and the homely nature of the service. People said, "all staff are lovely here, feel part of the family", "it is very homely here" and "I was lucky to find this place." One person told us the best thing about living at Ashbourne House was; "Being cared for all the time not worried about anything".
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service and that the service had a very positive approach to supporting people as individuals. One person told us how the service respected their religious preferences and said that kitchen staff had organised special food for a celebration.
- People were treated as individuals. Their life history and preferences were respected.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were involved in decisions about their care and in reviewing the support they received.
- Residents we spoke with were happy and contented with the care that was offered to them by staff and informed us that staff considered their preferences and respected their choices.

Respecting and promoting people's privacy, dignity and independence.

- Care records included guidance to staff on what people could do for themselves and how staff could

maintain and promote people's independence. A staff member told us, "We support residents to do things for themselves. We'll say things like, 'there's a flannel' when we assist with personal care, 'come to the sink' for a wash instead of doing everything for them, we are there to help but we don't want to deskill residents."

- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.
- People told us that staff asked for their permission to enter their bedrooms or asked for their consent before providing support. We observed staff knocking on people's bedroom doors and asking permission to enter before going in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care records we reviewed included detailed risk assessments and care plans. These covered all aspects of the care and support the person needed. We saw that care records were reviewed regularly and updated when people's needs changed.
- Records included an "About me" document. These had lots of detail about what was important to and for the person, their preferences, likes and dislikes. They contained people's life histories and information about what their interests and hobbies were.
- Staff told us the care records were helped them provide the support people needed. One staff member said, "Yes the care plans give us enough information about the residents, we get enough time to read them and are made aware of any changes for someone."
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. All staff had completed training on AIS and we saw that, if needed, important information was available in large print, pictorial, easy read and written format, which was easy to follow.
- People told us their individual needs were respected. One person said, "When I came here thought it was going to be regimented, it is quiet opposite it is quite easy going."
- We saw there was a range of activities on offer, both in the home and in the community to help prevent people becoming socially isolated and to keep people active. One staff member said, "Tomorrow [people who used the service] are having a spa day, the often go to the garden centre. Residents love going on Marple canal boat. We hire a coach to take them on these trips, its wheelchair accommodating in case anyone needs to take their chair."
- Children from a local nursery visited the home every week. We were told people really enjoyed spending time with the children, reading stories doing crafts and having sing-alongs.
- People were very positive about the activities on offer. One person said, "Time goes so fast. Lots to read, watch TV, have laugh, spa afternoon, the hair dresser organises face and nail treatment. Every Wednesday we have a meeting to discuss trip out ideas of where to go."
- The provider encouraged people to keep in contact with friends and family. The home had three land line telephones for people to use. The home also had Wi-Fi that people could access. We were told that people used computers provided by the home to stay in contact with relatives. One person had recently been unable to attend a family wedding in person. However, they had dressed for the wedding and watched via the internet. Staff had also made them a buffet lunch, so they could join in the full celebrations with their family who were at the wedding.

Improving care quality in response to complaints or concerns.

- There was a complaints procedure and system in place to log any complaints received.
- People who used the service knew how to make a complaint. People told us if they had a problem they

would talk to the managers. People said, "I can't complain; staff do their best to look after us" and "I usually talk to [registered manager] or [deputy manager] I had a problem with the bed mattress and talked with [registered manager]. The mattress was changed."

End of life care and support.

- Staff had received training in end of life care.
- Care records we reviewed identified if the person had specific wishes about how they wanted to be cared for at the end of their life.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager had a clear vision of what the service should be. They were committed to ensuring people were provided with good individualised care.
- Everyone was positive about living at the home. One person said, "Overall it is perfect here. We are all happy here."

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

- People were very positive about the registered manager and about how the service was run and organised. People said of the registered manager; "I can approach [registered manager] without any hesitation", "[registered manager] will introduce new staff, very nice person", "[registered manager] is good, he is nice. You get stressed thinking 'what I am doing here' and he is kind and will talk and explain" and "[registered manager] is very nice and sociable" and "They are all approachable. They're good managers."
- We found there were good systems of daily, weekly, monthly and annual quality assurance checks and audits. We saw evidence that where issues were found action was taken to ensure improvements were made.
- The registered manager kept on overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned.
- The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website.

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

- Staff told us their views were listened to and acted upon. Regular team meetings were held. Staff said, "We can suggest anything, and we are listened to, management will take our ideas on board. It's a good home, everyone who comes in seems to enjoy living here."
- There was a system in place for gathering people's views about the service and how it could be improved. One person said, "Staff are very easy to talk with, they listen to us and very democratic." Weekly meetings were held and everyone who lived at the home could attend. We saw these were used to gather people's views about the service and ideas for events and activities. People told us, "Staff talk and ask us on places we can go out to" and "I attended the weekly meeting and asked if staff could organise an afternoon tea."

The following week staff arranged it and provided us with cream cakes, sandwiches. It was lovely."

- We saw there was a statement of purpose and an information booklet about the home. This gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.

Continuous learning and improving care; Working in partnership with others.

- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- The home worked well with local authorities who commissioned the service and health care professionals to achieve the best outcomes for people and that people were receiving the support they needed. A visiting professional told us, [registered manager] knows people really well. It's a really nice atmosphere, relaxed.