

Askham Village Community Limited

Askham Place

Inspection report

13 Benwick Road
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March
Cambridgeshire
PE15 0TX

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Website: www.askhamcarehomes.com

Date of inspection visit:

14 March 2019

15 March 2019

Date of publication:

24 April 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service: Askham Place is a residential care home that was providing personal care to 15 older people at the time of this inspection.

People's experience of using this service:

People were happy with the care home and the staff that provided their care. One person told us, "It's very well organised in general, there are some glitches and they try to improve these."

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff, and the senior staff also spoke with people regularly. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the home's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints and concerns were dealt with and resolved.

Systems to monitor how well the home was running were carried out. Concerns were followed up to make sure action was taken to rectify the issue. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

Rating at last inspection: Good. (Previous report published July 2016.)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as scheduled in 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.

Askham Place

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:

This inspection was carried out by one inspector.

Service and service type:

Askham Place 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 the premises and the care provided, and both were looked at during this inspection.

Askham Place accommodates up to 16 people in one adapted building.

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.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used this information to help us with planning the inspection. We also asked the provider to complete a Provider Information Return, which they did, although due to technical difficulties we were not able to see this before our visit. Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked for feedback from the commissioners of people's care, representatives from the local authority, Healthwatch Cambridge and Cambridgeshire Fire and Rescue Service.

During our inspection visits on 14 and 15 March 2019, we spoke with two people and one visitor. We also spoke with the provider's representative, three care staff and a member of the housekeeping staff. We looked at four people's care records. We also looked at other files in relation to the management of the service. These included three staff recruitment and training records, complaints and compliments records, and records relating to the systems for monitoring the quality of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person's relative told us they felt their family member was safe living at the home. They told us, "I feel safe here now. I get taken care of here."
- The provider had effective safeguarding systems in place. Staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us that they had received safeguarding training and had regular discussions about safeguarding.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, the risk of using bed rails and the risk of losing weight.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. One person told us that there were enough staff available, another person told us staff were usually enough staff available but that they sometimes had to wait to get up in the morning. Staff members also said there were usually enough staff. However, they felt that they could not spend as much time as they would like with people when there were other demands on their time. For example, when spending time with individual people who displayed challenging behaviour.
- There was a system in place to recruit new staff and regular agency were employed to make sure there were enough staff on duty at all times. Staffing levels were determined through the use of a staffing tool and the lead nurse made sure people's rehabilitation and psychological needs were included in this.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused. One person told us they received their medicines when these were due and they were able to ask for pain killers when they needed them.
- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.

- Medicines were stored securely and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff also put actions in place following visits by stakeholders, such as health and social care organisations, or inspections of the provider's other services. This was designed to improve people's experience of living at Askham Place.

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

Good: 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

- Staff completed assessments of people's needs before they started using the service. This enabled them to make sure they had enough staff with the right skills to meet them.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed. This helped them better understand how people's specific needs should be met.
- People were assessed for equipment, such as electric wheelchairs, to help them move around independently.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and this was updated each year. Audits of staff training showed that there had been an improvement in the number of staff who completed annual training. The training matrix showed that nearly all staff were up to date with training required by the provider.
- Staff told us that they received other training, such as for specialised care needs. One staff member told us how they received support from the provider to undertake this training and that they were able to repeat training again so they fully understood it.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt well supported to do their jobs.

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

- People said they liked the meals they received. One person told us how staff supported them to eat a specialised diet recommended by health professionals.
- People chose where they sat, they were able to eat at their own pace and both courses and mealtimes were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

Staff working with other agencies to provide consistent, effective, timely care

- Staff completed a 'This is me' form with people, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

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

- The provider had made adaptations to the home to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals for advice and treatment, for example to speech and language therapists, physiotherapists or occupational therapists. Advice and recommendations were followed by staff. One person confirmed that staff arranged for them to see their GP when they needed to.
- Two health professionals told us that staff always contacted them quickly if they had any concerns. Staff followed the advice they were given, and one health professional said, "I have no concerns about staff practice."

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.
- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves.
- Where people did not have capacity, decisions were made in their best interests and involved relatives and health professionals where appropriate.

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

Good: 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

- People said that staff were kind and caring and they commented positively about staff members. One person said, "We have fun," and went on to say that staff were polite and never lost their tempers "even when people spoke rudely to them". Another person echoed this comment and also said, "They are very caring, very dedicated."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. A health professional told us that staff knew how people were and had provided them with accurate information about people.
- People were comfortable in the presence of staff. They were able to express themselves to staff and staff listened to them.

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

- People said that staff asked about how they preferred to have their care and support provided.
- Staff told us they provided care to people in a way that each person preferred. Staff had enough time to support people and in the way they wanted.
- People were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what activities they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and they made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- Staff encouraged people to do what they could for themselves to maintain their independence. A health professional told us how staff had asked about one person, their routine each day and their preferences. They said, "Staff have managed [person's] care well and he likes living here – he 'fits' here."
- People's confidentiality was maintained; records were kept securely.

Is the service responsive?

Our findings

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

Good: 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

- People's care needs were met and they were happy with the care they received. One person told us that staff cared for them in the way they wanted and they therefore did not need to see the care plans and records kept about this.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. We saw this particularly applied to people's mental health or psychological health needs. There was clear information about how to recognise deterioration and the actions staff should take to support people. Staff had built good relationships and knew people's likes, dislikes and preferences.
- Each person's care plan was reviewed each month unless there were any changes before that time. This ensured reviews were completed regularly.
- One staff member's role was to organise things for people to do each day. A program of these activities was available on noticeboards around the home and people were encouraged to take part. One person told us, "[Activities person] is very good; there are lots of different activities and things to do." Staff spent time supporting those people who were not able to attend activities.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. Both people told us they felt staff would work to resolve their concerns. People had information about external organisations that they could also contact about their concerns.
- One complaint had been received, which had been investigated and responded to by the provider. Concerns raised by people living at the home were also recorded and responded to appropriately.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would also consult with people's relatives in the event of this care needing to be given.
- Staff had received training in caring for people at the end of their lives. Additional guidance was available for staff in the form of an end of life policy and the support of nursing staff.

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

Good: 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 lead nurse and senior staff were committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed.
- Staff were also committed to providing high-quality care and support. A staff member told us they promoted independence and well-being for the people they cared for. Another staff member told us that staff morale was good

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

- Staff told us they were able to provide good quality care and support to people because they had strong members of staff who supported new staff. They said they could raise issues with the lead nurse or registered manager and were confident their concerns would be listened to.
- Staff said that the lead nurse and the registered manager were approachable and would work with them if needed. One person told us that the lead nurse had "helped me a lot since I've been here". Staff 'going the extra mile' was recognised by the provider as good practice.
- The registered manager was supported by senior staff working within the home and by the provider's operational staff. This made sure that the home ran well at those times when the registered manager was not available.

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

- People, their relatives and staff had completed a survey, which showed mostly positive comments for the home. Issues raised had been recognised and the provider had recorded how they were being addressed.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended meetings each month, which gave them regular support and information was shared quickly with them. They were encouraged to complete questionnaires about specific subjects each month, with the aim of discussing these at meetings to raise awareness.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered

manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement, and made those improvements in a timely way.

- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the registered manager to take action where needed and reduce reoccurrence.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The registered manager contacted other organisations appropriately.