

Renaissance Community Care Services Limited

Ashwood Residential Care Home

Inspection report

1 Liverpool Road
Ashton In Makerfield
Wigan
Lancashire
WN4 9LH

Tel: 01942722553

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08 January 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

This unannounced comprehensive inspection took place on 07 and 08 January 2019. The inspection was undertaken by one adult social care inspector. At the time of the inspection, there were 28 people living at the home.

Ashwood Residential Care Home is registered to provide personal care and support for 36 people. It is situated in the centre of Ashton-in-Makerfield close to all local amenities including shops and bus routes. Accommodation is provided over two floors with lift access to the first floor.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe living at the home and were supported to have choice and control of their lives and staff supported them in the least restrictive way possible, which we observed during the inspection; the policies and systems in the service supported this practice.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people living in the home.

Staff had a good understanding of systems in place to manage medicines and safeguarding matters.

Accidents and incidents were recorded and audited to identify any trends or re-occurrences. The home had been responsive in referring people to other services when there were concerns about their health. Staff had a good knowledge and understanding of people's health conditions.

The provider learned from comments received from people and their relatives and used them to improve the service.

Risk assessments were in place for a number of areas and were regularly updated.

The service worked in partnership with other professionals and agencies to meet people's care needs.

Feedback received from people who used the service and their relatives was overwhelmingly positive and people were encouraged to contribute their views. People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness.

People were satisfied with the food provided at the home and the support they received in relation to

nutrition and hydration. Mealtimes were unrushed and calm and dining tables were nicely presented.

There was an open and transparent culture and encouragement for people to provide feedback.

People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

There was a homely atmosphere and due consideration was given to the needs of people with dementia. Extensive links to the local community had been made.

Audit and governance systems were in place and operated effectively and statutory notifications were sent to CQC appropriately.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as per legal requirements.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ashwood Residential Care 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 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.

The inspection took place on 07 and 08 January 2019 and was unannounced. The inspection team consisted of one adult social care inspector. At the time of the inspection, 28 people were living at Ashwood Residential Care Home.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted Wigan Local Authority Quality Assurance Team, who regularly monitored the service and feedback we received was positive.

We spoke with three people who used the service, a visiting professional, the registered manager and deputy manager, the administrator and four members of care staff. We also looked at records held by the service, including five care files and five staff personnel files. As part of this inspection we 'case tracked' records of two people who used the service; this is a method we use to establish if people are receiving the care and support they need and that risks to people's health and well-being were being appropriately managed by the service.

We observed medicines being administered to people and looked at a sample of three people's medication administration records.

We observed care within the home throughout the day in the lounges, dining room and communal areas.

Is the service safe?

Our findings

At our last inspection of this service in January 2016 we rated this domain as Good. At this inspection the rating remained Good.

People continued to tell us they trusted the staff and felt safe living at the home. One person said, "I think it's fantastic here, you couldn't get better staff they are splendid and I feel very safe living here." A second person told us, "I've never been concerned since being here, the manager comes in each day to see me and the staff are always checking on me to see I'm okay."

Policies in relation to safeguarding and whistleblowing reflected local authority procedures and contained relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "I've done safeguarding training and it's about protecting people from the risk of abuse. Issues could be neglect like not giving medicines or staff being abusive to people. I would report to the manager if I was worried and I know about whistleblowing and have seen the policy." The registered manager was aware of their responsibilities regarding responding to raising any safeguarding concerns.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed risk assessments which provided staff with the information needed to help keep people safe. Risk assessments were individual to the person concerned and provided staff with a clear description of any risks and guidance on the support people needed to manage these risks.

Staff understood the support people needed to promote their independence and freedom, whilst mitigating risks, and we observed several instances where staff followed these principles when assisting at mealtimes.

Accidents and incidents were managed appropriately and there was a log of any incidents, including the action taken to reduce the risk of a reoccurrence.

The provider had a system in place for determining safe staffing numbers. People told us and we observed during the inspection there were enough staff available to meet people's needs and to keep them safe. One person told us, "Staff are very attentive and 'on the ball' and there's enough of them in my opinion."

Staff we spoke with told us they felt there were enough staff on duty and the registered manager was always available to provide assistance.

There was a safe recruitment and selection process in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. We saw detailed recruitment records were kept for each staff member.

We observed staff administering medicines and saw systems were in place that showed people's medicines

were managed consistently and safely by staff. Medicines were being obtained, stored, administered and disposed of appropriately. Controlled drugs (CD's) were managed correctly and a CD book was fully completed. We reviewed three people's medicines and compared them against their medicine administration records (MAR's) and saw people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, protocols were in place including how to recognise signs of pain and identified the required gap between doses.

The environment was homely, clean and free from any malodours; cleaning schedules were in place for all areas of the home and cleaning products were stored safely. Bathrooms had been fitted with aids and adaptations to assist people with limited mobility. There was signage around the building to assist people with dementia.

There was an up to date fire policy in place; fire risk assessments were undertaken and each person had a personal emergency evacuation plan (PEEP) in place.

Environmental and premises related audits were in place, including a daily 'walk around' of the building and checks on equipment, building cleanliness, communal areas and bedrooms. We saw evidence that all required equipment and building maintenance checks had been undertaken within the required timescales, with supporting certificates in place.

Is the service effective?

Our findings

At our last inspection of this service in January 2016 we rated this domain as Good. At this inspection the rating remained Good.

People continued to tell us staff had the knowledge and skills needed to provide an effective service. One person said, "Staff don't keep me waiting long when I press my buzzer for help and I'm never rushed." A second person told us, "Staff are always very dignified, they know what I want and give me help."

Staff completed training as part of their probationary period and told us they completed a period of induction and worked alongside other staff prior to completing their induction. Staff we spoke with told us they all felt ready and skilled enough to work with the people who used this service by the end of their induction period. One staff member told us, "I had an induction period shadowing other staff on different shifts, I read policies and procedures and looked at people's care files and went through these. I also got observations of practice at beginning."

The provider had a system in place to record the training that care staff had completed and to identify when training needed to be repeated. Training provided included manual handling, first aid, medication, fire safety, health and safety, food hygiene, safeguarding, MCA/DoLS, infection control and dementia. Any training for staff who were new to social care followed the requirements of the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff continued to receive regular supervision and an annual appraisal. The areas discussed during supervision included a review of the previous supervision notes, personal development and training, any current concerns, teamwork and standard of work completed.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their

own safety and a log of any authorisations was kept. Staff had a good understanding of when this legislation should be applied. One member of staff told us, "A DoLS authorisation exists to protect people if they don't have capacity. A restriction could be bed guard, or having a wheelchair lap strap in place. If we are in doubt about capacity the process is to refer to local authority. People can change day to day and minute to minute and we would use an advocate if the person had no family involvement."

The registered manager showed us records that demonstrated they had followed-up the status of the outstanding DoLS applications and any conditions attached to a DoLS authorisation continued to be met.

We observed staff continued to seek verbal consent from people prior to providing support to them, which ensured people had given consent to the care being offered before it was provided. We also saw consent to care and treatment had been sought prior to people receiving support which was recorded in people's care files.

People had risk assessments in place regarding nutrition and hydration and were assessed so they were supported to eat and drink enough to meet their individual needs. People's food preferences and needs were recorded and menus planned to reflect this. Specialist diets were catered for based on health and any cultural needs and personal preferences, and we observed staff asking people what they wanted to eat before each meal with different options being provided to people who didn't want what was on the menu that day.

The kitchen was appropriately stocked with fresh food and dry goods. Fridge temperatures were checked daily and food temperatures were also recorded. Measures were in place to avoid cross contamination in the kitchen. The home had been assessed by the local authority and had received a food hygiene rating score (FHRS) of four out of five. Kitchen staff were aware of special diets and preferences and had lists to remind them. Tables were set nicely and menus were displayed.

One person told us, "I think the food is okay; I'm not a big meat eater but I've tried some here. Always warm food and we get several choices of what we want." A second person said, "The food is very good and you get a choice of what you want. There's plenty of drinks and snacks in between meals as well." We observed people were offered drinks several times during the day in between designated meal times, which helped to reduce the potential for dehydration.

People continued to receive healthcare support as necessary and this was recorded in their care files. Visits from external professionals included, doctors, district nurses, social workers, speech and language therapists (SALT), podiatrists and opticians. Health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. During the inspection two doctors visited to gain an update on people they supported and another visiting healthcare professional was undertaking a routine visit.

A nurse-call system was in place and the home was free from clutter throughout and had a very homely atmosphere.

Is the service caring?

Our findings

At our last inspection of this service in January 2016 we rated this domain as Good. At this inspection the rating remained Good.

Comments received from people about staff attitudes and approach remained consistently positive. People continued to confirm staff were always very polite and included them when making decisions about their care. One person said, "The staff are splendid, very caring in their approach and do a good job. They help me to stay independent and always involve me in planning my care." A second person told us, "Staff have a very caring attitude and treat me with kindness; they know what they are doing and my family have a good chat with them and are included in my care planning."

The service continued to have a visible person-centred culture and we observed people were treated with kindness and dignity during the inspection. Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views and took time to stop and speak to people on an individual basis and held conversations that were relevant to each person, for example about what activities they wished to take part in that day or what they wished to eat.

Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing. Staff also inputted information into people's care files when they had supported them.

We observed people using the service were well-presented, clean and well-groomed and everyone was wearing fresh clothing of their choice. People continued to tell us staff promoted their independence. One person told us, "Staff help me to be independent as such as possible and I can walk around where I want to. Staff always listen to me and are very attentive to my needs."

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example, if people had been referred to the home who required an alternative diet the service had responded appropriately. Some staff had attended training in LGBT awareness and the home was designated as a champion in this area by Age Concern in respect of their 'Older and Out' initiative.

We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, valuing diversity, privacy and dignity.

People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care. We found people's care files were held in an office where they were accessible but secure and staff records were also held securely. Any computers were password protected to aid security.

Is the service responsive?

Our findings

At our last inspection of this service in January 2016 we rated this domain as Good. At this inspection the rating remained Good.

People's care plans confirmed an assessment of their needs had been undertaken by the service before their admission to the home. People confirmed they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. They also confirmed that their relatives had also been involved in discussions about their care needs, wherever possible.

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with carers, staff and relatives, where those needs related to a disability, impairment or sensory loss. For example, as some people could not easily read written information the menu was written in large text each day on an easy accessible notice board, in addition to details about the weather, the staff on duty and the day/date. The home also used different communication methods for each person including signage, visual prompts, pictorial information, or, as was the case for one person who received communications from family member in another country, by using excellent descriptive techniques so the person was given the full content of their correspondence.

People's care plans provided information to staff on how to manage specific health conditions or acquired conditions such as chest infections. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure sores. Records of professional visits were kept in people's care files, including doctors, nurses, specialist nurses and other healthcare professionals. A visiting healthcare professional told us, "I have no concerns about this home. The manager is very proactive and good at communicating any changes. People's skin is managed well and staff follow any instruction given. [Manager name] is a very experienced manager."

Care plans contained information about how to provide support to people, what they liked and disliked and their preferences. People told us staff respected their preferences, for example, some people preferred to get up late and others liked to get up early and some people preferred to sit in the same familiar lounge each day, while others preferred to spend time in their bedroom; this was known and respected by staff and was observed during the inspection.

A range of activities were on offer for people to take part in including board games, newspapers and current affairs, visiting entertainers and local school, gentle exercises, quizzes and bingo, arts and crafts and reminiscence therapy. Local churches regularly visited to meet people's spiritual needs.

There were seasonal events celebrations and parties were held for celebrations such as people's birthdays and a 'dignity in care day' and tea party had been scheduled for 01 February 2019. Individual newspapers

were provided for people and we saw some people were engaged in reading these. Other people sat in a lounge of their choice with familiar friends and we saw everyone took an interest in each other, and chatted about each other's welfare. A hairdressing salon was in place.

The provider took account of complaints and compliments to improve the service. A complaints and comments log, policy and procedure were in place and people told us they were aware of how to make a complaint and were confident they could express any concerns; we saw no complaints had recently been made, and there were lots of historical compliments which demonstrated the home had continued to provide a consistently good level of care since the last inspection.

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded in their care files and an advanced care plan recorded their wishes. We found a number of people had been asked about their end of life wishes but did not want to complete their end of life plan, whilst others had engaged in these conversations and this was recorded. Staff had completed training in end of life care.

Historical feedback from people's relatives and friends continued to be complimentary about the provision of end of life care and many compliments had been received about this. One comment stated, 'Thank you for all the care attention you gave to [my relative] during his stay with you, you made him feel safe, comfortable and contented; everyone was of great support and comfort to me as well as [my relative], nothing was too much trouble.' Another comment read, 'Thank you for all the hard work you have done in looking after our very dear friend over the years and most of all the love and support you have given her in her final moments.'

Is the service well-led?

Our findings

At our last inspection of this service in January 2016 we rated this domain as Good. At this inspection the rating remained Good.

There continued to be a registered manager in post. 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.

Staff we spoke with told us management were always present and visible in the home and said management supported them well. Our observations throughout the inspection confirmed this view and we observed the management team were involved in supporting and advising staff and people who used the service throughout the inspection; it was clear the registered manager had a very detailed knowledge of each person who used the service.

One staff member said, "The managers are fantastic, they are very supportive and I feel we have a fantastic team and we support each other. Managers are approachable and you can talk about anything at any time." A second said, "I think [manager name] is fantastic for many reasons. She encourages people to develop themselves and I know I would be supported. I am proud to work here. It feels like one big team here and all would be willing to help. All I have ever got is help from [manager name]. The deputy managers are also supportive, they sort things out for you."

Comments about the manager from people who used the service continued to be positive. One person said, "[Manager name] sees me regularly day to day to check I am okay. She has a good eye for things and she is alert to all things."

The manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual surveys or questionnaires and as part of the process of care file evaluations. We looked at feedback received from the most recent annual questionnaires and found it was all positive; people had highly valued staff attitude and approach, the home environment, the care services offered and cleanliness of the home. Comments we saw included, 'Mum does always say that staff are lovely and managers do all they can to make you feel happy. It is great to know that mum was well cared for,' and 'I feel this home is very good and all the staff, 10 out of 10.'

We found the manager attended forums and development groups in the local area; for example, the home had engaged with the local authority 'excellence programme' and the manager attended meetings and network events through the local authority.

The home was involved in promoting intergenerational work at the request of people who used the service,

with a local nursery, who regularly visited the premises. Links to all local churches were maintained and the home had participated in events with these sources. One person had a community link worker who was assisting with the sourcing of appropriate accommodation so they could return to living independently.

The home was a member of the 'Cinnamon Brow Trust' which assisted some people who accessed the home for a short respite break, with looking after their pets for the initial respite period. The home had held a 'Care Home Open Day' in 2018 for members of the public which included food and drink, a hand massage from a professional aromatherapist, a tour of the building and questions answered where applicable.

The home had forged relationships with local community charities which they had been supporting for several years and people who used the service were informed of all events they could attend to give them a sense of being established within the local community; people could then choose to attend if they wished. People had access to local dementia cafes and events should they wish to participate.

We found the service had policies and procedures in place; these covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the care provided at this service. This meant that people who used the service continuously had a say in how they wanted their care to be delivered. This positive and inclusive management approach resulted in people receiving a comprehensive service which focused on them receiving individualised care.

The manager had been proactive in engaging with clinical professionals and each week healthcare professionals visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. Audits and checks included staff competencies, medicines, the environment and equipment, care files, infection control, complaints and safeguarding.

Notifications had been received by CQC as required. Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in the office when not in use.

As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and was available for all to see. At the time of the inspection the provider did not have a website.