

Monami Care (Scarborough) Limited

Ashurst Residential and Care Home

Inspection report

36-38 Westbourne Park
Scarborough
North Yorkshire
YO12 4AT

Tel: 01723360392

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11 December 2017

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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

The inspection took place on the 10 November 2017 and was unannounced. A second day of inspection took place on 11 December 2017, this visit was announced.

Ashurst Residential and Care Home is situated in the centre of Scarborough and provides personal care and accommodation for up to 19 people. The service provides care for older and working age people, some of whom may be living with dementia and some of whom may have a mental health diagnosis. There were 17 people using the service when we visited.

At the last inspection in January 2016, the service was rated Good. At this inspection, we found the service remained Good. There was a manager in post who had registered with CQC. The registered manager and deputy manager assisted throughout the inspection. 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.

Risks to people were monitored and people were protected. The risk of cross infection was reduced through the use of personal protective equipment and improvements made to the laundry facilities and storage of clean linen. Staff had received safeguarding training and demonstrated a good understanding of the processes required to safeguard adults who may be vulnerable from abuse. They were able to explain to us what they would do if they had concerns.

Comprehensive risk assessments were in place which detailed how to reduce the risk of harm to people. Medicines were managed safely. Staff were recruited in a safe manner and there were enough staff on duty to support people safely.

The provider ensured that all staff working at the service were well trained and had the skills necessary to perform their role. Training was up to date and new staff completed a comprehensive induction when they joined the service. Staff were given the opportunity to expand their knowledge in specialist areas such as end of life care and mental health. Staff attended regular supervision meetings with the registered or deputy manager and this monitored their performance.

People were consulted about their care and treatment and we found verbal and signed consent was sought prior to care being delivered. People we spoke with confirmed they felt valued and included and said their opinions mattered. People told us they were asked their views of the service and when changes were suggested these were actioned by the management team.

The management and staff within the service worked within the principles of the Mental Capacity Act 2005. People were empowered to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service support this practice.

People consistently told us the staff and the managers were very caring. We saw people's needs were met with dignity and compassion and it was evident that people who used the service had positive relationships with the staff who supported them. Where needed, people were supported to maintain a balanced diet. Community health professionals were involved in devising nutrition and hydration plans for those deemed to be at risk.

Care records were person-centred and contained all relevant information to enable staff to provide personalised care and support. People were involved in the assessment of their needs and were regularly consulted about the care they received. Quality assurance processes were in place and conducted on a regular basis to enable the service to continuously improve.

Further information is contained 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 was returned to 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.

Ashurst Residential and 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 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.

The first day of inspection was on the 10 November 2017 and was unannounced. A second day of inspection took place on 11 December 2017, this visit was announced. The inspection was completed earlier than scheduled due to concerns we received which were found to be unsubstantiated.

The first day of inspection was carried out by two adult social care inspectors and the second day of inspection was carried out by one adult social care 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 service. The area of their expertise was in older people and people living with dementia. They talked to the people who used the service and gained their opinions about their home and the care they received.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

As the inspection had been brought forward the provider had not been asked to complete a provider information return (PIR). A PIR 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 reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection, we spoke with ten people who used the service, six members of staff including the registered and deputy manager. We also spoke with four professionals who were visiting the service.

Is the service safe?

Our findings

At the last inspection on 20 January 2016, we asked the provider to take action to make improvements and prevent the risk of cross infection. The bathrooms and toilets were in need of refurbishment and we found the way the clean laundry was stored was an infection control risk. At this inspection, we found improvements had been made and actions had been completed.

The environment was clean and the provider had action plans in place which detailed further improvements to the building. For example, the replacement of older style windows within the property and the re-carpeting of the communal lounge area. Personal protective equipment, such as gloves, aprons and hand gel, was available to ensure that good health and safety/infection control practices were being followed and staff had free access to stock when required. During our observations of staff, we saw they used aprons and gloves and hand cleaner where necessary.

People told us they felt safe and received the support they needed to continue to do so. Comments included, "I feel safe here because there's always people around", "It's a good place here. We get lots of practical support to stay safe" and "I feel very safe here and the staff are all quite nice."

Staff told us they were aware of the procedure to follow if they suspected that the people they supported were being subjected to abuse or neglect. One member of staff told us, "If we see any evidence of decline, or anything that would raise suspicion, I would immediately report back to my manager." The provider had a safeguarding policy in place; this was reviewed and updated when required. Where a safeguarding concern was raised we found that referrals had been made to the local authority and we saw the provider worked in partnership to ensure the people they supported were safe and the risk of harm was reduced.

Risks to people who used the service were assessed and their safety was monitored to ensure they received appropriate support to remain safe. Where risks were identified, risk assessments were in place to mitigate that risk and these were in areas such as mobility, medicines and falls.

To support people's autonomy and independence people who used the service were supported to engage in positive risk taking. For example, plans and risk assessments were in place to support people to access the community and visit local leisure activities without the support of staff. These documents listed how risks to the individual would be managed and contained detailed contingency plans.

The registered manager told us, "We are passionate about facilitating people's rights to be individuals. From basic elements such as when to get up, to essential elements such as the right to go out when they wish to." We found risks to people were reviewed regularly and we saw that plans were updated where required.

During the inspection, we observed there were sufficient staff on duty to meet the needs of the people who used the service. We looked at the staff rota over a four week period and this showed the service had a full complement of staff on duty at all times; people we spoke with confirmed this. A member of staff said, "Yes, the place is always well-staffed. Take night times for example, there are now two waking night staff on duty

and it's a lot better." A person who used the service said, "There's always plenty of staff about, they do their job well. They're always there when you want them, I only have to ring my bell and they're there."

Where people were supported with the administration of medication, we saw this was managed by staff so they could receive them safely. The provider had a medication policy in place and staff had received training in the safe administration and storage of medication. Systems and processes were in place to ensure that medication was stored and administered safely.

During the inspection, we looked at Medication Administration Records (MARs) and observed medicines being administered. We found that there were no issues in this area and documentation had been completed appropriately. The MARs we reviewed had no gaps in the recording of administration and we saw they were completed in line with the service policy. Staff told us they received spot checks to ensure they were competent to administer medication. We saw evidence of these spot checks in the staff files we viewed.

The registered manager followed safe recruitment practices and recruitment records were detailed. References were obtained for all staff before they started work. There was a robust recruitment policy and staff were not allowed to work without a full Disclosure and Barring Service check in place.

The provider had a business continuity plan which detailed how the service would continue to meet people's needs in the event of a major incident occurring, such as severe weather, breakdown of the computer systems, or loss of essential utilities. The continuity plan detailed actions required in any event, who was responsible for those actions and important contact numbers in the event of an emergency.

The provider had systems in place to record and monitor accidents and incidents if they occurred, however there were very few incidents logged. We saw that the registered and deputy manager reviewed this data and implemented plans to reduce the risk of further occurrences and this supported people to keep safe.

Is the service effective?

Our findings

At the last comprehensive inspection, we observed staff were supported through training, supervision and appraisal which gave them the skills to provide good care. We found the service was effective and awarded a rating of Good. At this inspection, we found the service remained Good in this key question.

People who used the service confirmed staff were well-trained. Comments included, "They do a good job, they're all very well-trained" and "The staff are all well-trained, you don't really have to ask them to do anything. They just know."

We looked at records relating to staff training. New staff completed a thorough induction when they started. All staff were trained in areas such as safe handling of medication and safeguarding. In order to support specific individual needs, staff were trained in key areas such as mental health, dementia and end of life care. A visiting professional said, "All of the staff have a great sensitivity to people and their needs. They have a broad experience of people's difficulties."

Records we viewed demonstrated staff received supervision on a regular basis and an appraisal annually. Performance concerns were discussed directly with staff and actions plans were implemented to ensure staff remained effective in their role. One member of staff said, "The managers here are both really nice and very supportive. I'm constantly going to them for advice and they are brilliant."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that the provider was meeting their requirements in this area. One person told us, "Yes, I have a care plan. Staff are always there to help with decisions if I want it, but I try to be as independent as I can."

Care plans contained information about people's health needs and the support required to meet them. We saw people were supported to attend appointments where necessary. Where people required support with specialist dietary intervention, such as end of life nutrition plans, we saw this was done in collaboration with the relevant health professional such as palliative care nurses and speech and language therapists.

Everyone we spoke with told us they were happy with the food at the service. One person said, The foods

great, you always get a choice. It's always very filling and if you don't like it they would do you something else."

Is the service caring?

Our findings

At the last comprehensive inspection, we observed staff to be kind and compassionate. We awarded a rating of Good. At this inspection, we found the service remained Good in this key question.

People consistently told us the staff were caring and treated them with dignity and respect. Comments included, "I'm definitely well-looked after here. They keep a good eye on us" and "When I'm down and upset, the staff are very caring and kind, I can't ever say they haven't been."

The managers and staff knew the people they were supporting extremely well and had clearly developed positive caring relationships. We observed staff interactions with people who used the service and saw that staff showed genuine care and concern for them. People had immediate access to staff support and staff were patient and unhurried in their approach.

It was evident that the people who used the service really felt their opinion mattered and they felt valued. People told us, "I can talk to staff here, they listen to you. They always have time for you" and "The staff are always there for you; they listen. If I went to them with anything they'd make sure it was done; I couldn't ask for more beautiful people." The provider promoted the use of accessible information and easy to read guides were available.

During the inspection, we talked to staff, people who used the service and visiting professionals about the culture of the organisation. A member of staff said, "We have a really good team with very good workers. There are a couple of staff who can be quite negative, but in general people work really well together." A visiting professional said, "It has to be acknowledged that the managers and the staff deal with some really difficult cases and they address them marvellously. I have observed that they are very good and very thorough at what they do."

People were treated with dignity and their privacy was maintained. We observed staff made sure that sensitive conversations were not overheard by others who used the service. We found people had support from staff to maintain relationships with people who were important to them and this was done in a sensitive manner which respected rights around equality and diversity.

The registered manager had a procedure in place to respond to people's needs around equality and diversity. This covered areas such as age, sexuality, ethnic origin, and religion. If areas of need were identified, this information was transferred into people's care plans to ensure that individual and diverse needs were met to enable equal access to the services provided. We saw evidence that this policy was put into practice.

The use of advocacy was promoted within the service, information leaflets on local advocacy groups were readily available to people in the communal areas. Where people lacked the capacity or understanding to access advocacy, this was considered as part of the care planning process.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive to people's needs and provided person-centred care. We found the service was responsive and awarded a rating of Good. At this inspection, we found the service remained Good in this key question.

The registered manager completed initial assessments before people moved into the service and this ensured their needs could be met. Care plans were devised with the input of the person, or their representatives, and they were centred around the needs and preferences of the person.

People's independence abilities were taken into account and listed within their plan. One person said, "It's a good place here; you get lots of practical support and they encourage you to be independent where you can. I feel like I'm making progress". Care plans we viewed were reviewed regularly and updated where needed.

The care files we viewed clearly documented what support the person needed and how that support would be delivered. For example, a person who used the service was in receipt of end of life care and the plan covered areas such as the maintenance of skin integrity, mouth care, nutrition and hydration. There was specialist input from palliative care nurses who supported the registered manager to devise an end of life care plan and a nationally recognised screening tool used to assess nutritional risk. The care plan also detailed the person's spiritual needs around end of life care which was supported by a visiting member of the clergy.

We spoke with a visiting professional who told us, "End of life is managed well. They have sensitivity and the skills to do the full end of life package. They respond well to individuals, spend the time needed with them and are able to travel that journey with them."

People who used the service were supported by staff to access community activities of interest. During our inspection, one person was due to go to the hairdressers that morning followed by a trip into town shopping. They told us, "I like going out. We go to places such as Peasholm Park, the sea front and quite often everyone who lives here goes out to the pub together for a meal and a drink. We also do stuff in the house like Karaoke and have takeaways." Other people were able to access the community without support. One person told us, "We can come and go as we like. We just have to tell staff what we are doing."

The provider had a complaints policy in place and, although they had not received any complaints, the policy stated what processes should be followed when complaints were received.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led, people were consulted about their views and their wishes were acted upon, we awarded a rating of Good. At this inspection, we found the service remained Good in this key question.

The service was managed by a registered manager and a deputy manager. During the inspection, we observed managers and staff communicating in a way that demonstrated a transparent and open culture. Staff told us they would feel confident reporting any concerns or poor practice to the registered manager and felt their views would be taken into account. We were informed that the managers were very accessible and were there for staff and people who used the service when they needed them.

People and staff spoke positively about the management team and their approach. Comments included, "The manager is very supportive and very accessible. I can go to them if I have any worries" and "The manager really tries for the place; they always go out of their way to keep everybody happy."

Notifications such as safeguarding incidents and expected deaths of people who used the service had been sent to CQC by the provider as required. This helped to ensure people were protected through sharing relevant information and enabled us to check how incidents were managed.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. A combination of hard copy files and electronic records relating to staff and people who used the service were in place. Policies and procedures were up to date and comprehensive; they reviewed on a regular basis.

The registered and deputy manager undertook regular file audits and used this information to satisfy themselves that the service was safe and of good quality, and to improve the services they provided. They completed environmental checks in areas such as kitchen hygiene and infection control. Spot checks on staff were also carried out, for example when administering medication. We found that records pertaining to these areas were detailed and action was taken to remedy any shortfalls that were identified.