Mauricare Limited

Ashton Court Residential Home

Inspection report

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South Yorkshire
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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 8 May 2017 and was unannounced. The last comprehensive inspection took place in April 2015, when the provider was meeting the regulations.

Ashton Court is a care home for older people who require personal care. It can accommodate up to 24 people. The bedrooms are situated on three floors which can be accessed by a passenger lift or stairs. There is a small car park to the rear and an enclosed garden at the front of the building.

At the time of our inspection there was 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 were knowledgeable about how to safeguard people from abuse. They told us they attended training and they had learned about the different types of abuse and how to recognise and report it.

We looked at four recruitment files and found the provider had a safe and effective system in place for employing new staff.

We looked at systems in place to manage medicines and found that they were safe. Medicines were stored and administered correctly.

Care plans we looked at identified risks associated with people's care. We saw plans were in place to instruct staff on how to minimise the risk.

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities. Training included moving and handling, first aid, health and safety, fire prevention, safeguarding, and food hygiene.

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the Mental Capacity Act 2005. Staff confirmed they had received training in this subject.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements. The mealtime experience was calm and relaxed.

We looked at peoples care plans and found that relevant healthcare professionals were involved in their care when required.

We observed staff supporting people and found they were respectful and caring in nature. Care plans we saw included information about people's likes and dislikes.

We looked at care records belonging to three people and found they were informative and reflected the care and support being given.

The service employed an activity co-ordinator who was available in this role 20 hours a week. This person organised events and social stimulation for people, based on their individual preferences.

The provider had a complaints procedure and people felt able to raise concerns if they needed to. The registered manager kept a log of concerns received and addressed them effectively.

People told us the registered manager was supportive and they felt able to approach the manager and felt she listened to them and acted on what they told her.

We saw regular audits took place to check the quality of service provision. Action plans were devised to follow up any issues.

People were involved in the service and their views were sought. We saw evidence that people were involved in residents and relatives meetings and were able to comment about the service.

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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this.

We looked at systems in place to manage medicines and found that they were safe.

We looked at recruitment files and found the provider had a safe and effective system in place for employing new staff.

Care plans we looked at identified any risks associated with people's care.

Is the service effective?

Good

The service was effective

We saw that staff received appropriate training which gave them the skills to carry out their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were supported to maintain a healthy, balanced diet. Choices were available and drinks and snacks were provided throughout the day.

We looked at peoples care plans and found that relevant healthcare professionals were involved in their care when required.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people and found they were kind and caring.

Staff knew people well and were aware of their likes and dislikes.

People were respected and their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

We looked at care records and found they were informative and reflected the care and support being given.

People were provided with social stimulation which was based on their preferences.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good

The service was well led.

People told us the registered manager and deputy manager were supportive.

We saw regular audits took place to check the quality of service provision.

People were involved in the service and their views were sought.

Ashton Court Residential 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 inspection took place on 8 May 2017 and was unannounced. The inspection was carried out by an 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 care service. At the time of our inspection there were 18 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with five people who used the service and two relatives, and spent time observing staff interacting with people.

We spoke with two care workers, the cook, the deputy manager, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "They [the staff] check on me throughout the night." Another person said, "There's a buzzer in my room. I just have to buzz and they [the staff] are there straight away."

We spoke with staff and found they were knowledgeable about how to protect people from abuse and keep them safe. They told us the provider had a policy and procedure to follow if these events occurred and knew what was expected of them. Staff also confirmed that they had received training in this subject. One care worker said, "I would report anything of this nature to my manager and I am confident that this would be resolved without delay."

We looked at the safeguarding log maintained by the registered manager. This included a description of the concern and the outcome. We found appropriate action had been taken when safeguarding concerns had been raised.

We looked at care records belonging to people and found that risks associated with people's care had been identified. We saw clear plans in place to assist staff in minimising the recognised risk. For example, one person was at risk of developing pressure areas. There was a plan in place to support the person to stand or change their position frequently. Another person was at risk of falls and had a history of falling. Their plan stated that staff were to ensure this person had their walking frame with them when mobilising.

We found Personal Emergency Evacuation Plan's (PEEP's) were in place for people who may not be able to evacuate the service quickly in an emergency. This document highlighted the best way to support people in this situation to ensure a quick and safe evacuation from the building.

We observed staff interacting with people and found there were enough staff to meet people's needs. When people required support this was given without delay and people were not rushed. We saw that the provider had a dependency tool in place which was used to help them identify if people were low, medium, high or very high dependency. Staff were available based on the outcome of this assessment.

People we spoke with felt staff were available when they needed them. We spoke with staff and asked them if they felt they were enough staff working with them to enable them to meet people's needs. One care worker said, "We work well together as a team. If there were too many staff, less gets done." Another care worker said, "People's needs are met, but it would be nice to engage more socially with people."

People's medicines were managed so that they received them safely. We saw that medicines were stored appropriately in a locked room. We saw a medication fridge was available for medicines which required cool storage. Temperatures of the room and the fridge were taken daily and documented to ensure they remained at an appropriate temperature.

We looked at Medication Administration Records (MAR's) and found they were accurately completed to

reflect that medicines were given as prescribed. People who required medicine on an 'as and when' required basis, had protocols in place which gave details on how and when to administer the medication.

The provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). A controlled drugs book was in place which was used to record all controlled medication. This was double signed in line with current guidance. At the time of our inspection there was one person who required a CD. We checked this and found the amounts recorded in the CD book and the actual amounts were correct.

Staff competencies were completed on an annual basis to ensure staff were administering medications in a safe way. Staff responsible for administering medication, completed appropriate training which was repeated every three years to ensure staff knowledge remained up to date.

We looked at four staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and were satisfactory prior to commencing their post.

Staff we spoke with told us that they received an induction when they commenced employment at the service. This included mandatory training and shadowing experienced staff for a least one week.

We spoke with the deputy manager about the induction process and we were told that new starters, who had not completed the NVQ award previously were required to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

During our inspection we completed a tour of the home. We found most areas were kept clean and hygienic. However, we noticed a couple of areas which required cleaning to prevent the spread of infection. We raised this with the registered manager and this was immediately dealt with.

Good

Is the service effective?

Our findings

People we spoke with felt their needs were being met effectively. One person said, "I feel the staff are well trained to do the job they are being asked to do. They do a very, very good job."

We spoke with staff and they told us they attended training courses relevant to their job. Staff told us that training was provided face to face and via eLearning. One care worker said, "I learn more face to face, the training is interesting." Another care worker said, "We can request training that is relevant to our job and the manager will try to find this."

We looked at records in relation to training and found that the registered manager kept a training matrix. This was a document which informed the reader what training each staff member had completed and when it was due to be repeated in line with the providers training policy. We saw from this document that staff received training in subjects such as medication administration, health and safety, safeguarding, food hygiene, and dementia care.

Staff we spoke with felt supported by the registered manager and deputy manager. Staff told us that they received regular supervision sessions. Supervision sessions were one to one meetings with their line manager to discuss aspects of their role. Staff also told us that they had annual appraisals of their work and were able to identify any training requirements.

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 the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at care records and found that where people lacked capacity, best interest decisions had been made.

We observed lunch being served and found this was a pleasant experience. The atmosphere was relaxed and staff provided support to people who required assistance. This was done in a caring manner. For

example, staff sat with people they were assisting, ensured they were enjoying their meal and engaged in conversation.

We saw condiments were available to people and the menu was displayed clearly using words and pictures so that people were aware of the choices available. Staff were knowledgeable about different diets and food preferences and offered a good choice to people. Care records we looked at clearly indicated the support people required with food and drink. For example, details were given regarding cultural and religious requirements. One person did not eat fish, meat or eggs and this was respected. Other diets such as pureed food and diabetic diets were also detailed in care plans.

During the day, we observed drinks and snacks being offered. One person said, "The food and everything is lovely, there's always a good choice." One relative said, "[relative] does not like fish, but my relative is always approached and asked what they would like as an alternative when fish is on the menu."

We looked at care plans and found that people were referred to healthcare professionals when required. This was done in a timely manner. For example we saw that opticians, dieticians, occupational therapists and physiotherapists had been requested when people required their support. We saw that recommendations given by healthcare professionals had been documented in people's care plans. On the day of our inspection the staff requested a doctor for someone who was not feeling well. We saw that a care worker supported this person when the doctor visited. We spoke with people about their healthcare and one person said, "I try to stay away from the doctor but staff take care of my medicine and health care and it runs very smooth."

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they all felt the staff were caring and spoke highly of the support the staff gave them. One person said, "The staff here are great, always there if you need anything." Another person said, "They [the staff] make me feel happy." Another person said, "Nothing is too much trouble."

We observed staff interacting with people and we found they were kind, companionate and caring. They clearly knew people well and understood their needs and how best to support them. For example, we saw that one person became distressed and a care worker sat beside them offering reassurance and engaging in conversation. They very skilfully calmed the situation down without drawing attention to the person. This had a positive impact on the person as they smiled and chatted with the care worker.

We observed staff interacting with people and maintaining their dignity. We saw staff spoke with people quietly when they were talking about personal care and staff closed bathroom doors when carrying out tasks. People we spoke with told us that they felt their privacy and dignity was well maintained. One person said, "The staff are very good with me. When I need to go to the toilet or get washed, I don't feel embarrassed." Staff we spoke with gave good examples of how they maintained people's privacy and dignity. One care worker said, "I treat people like I would treat my relatives and get to know people and their likes and dislikes. It is also about having patience and working well together as team."

Care plans we looked at incorporated people's past history, important events and cultural and religious beliefs. This helped staff to recognise people's preferences. One person asked if they could have some flowers from the garden to press. The service purchased a flower pressing machine and the person made bookmarks to sell at the summer fayre. This made the person feel valued and involved.

The home used the principles of the dignity challenge to promote dignity within the service. The home had two dignity champions who were responsible for ensuring these principles were adhered to. We saw a dignity tree in place which included things that were important to people such as, how I look, my hair, people listening to me and feeling valued. This was displayed to remind staff of what was important.

The service also had a dementia champion who was responsible for promoting good practice in dementia care. For example, ensuring that people's life histories were completed fully and that staff knew people well. This person had also completed several dementia courses so that they could disseminate learning to the rest of the staff group.

Good

Is the service responsive?

Our findings

People we spoke with told us that staff were focused on their specific needs and requirements and felt involved in their care. One person said, "When I started to use the hoist, I moved to a bigger room to accommodate this."

We looked at care plans and found they were person centred and reflected people's current needs. For example, one person had a care plan in place regarding falls and mobility. This person was at risk of falling and had a history of falls. The provider had involved relevant professionals in the persons care and assessments had taken place to minimise the risk of falls. The person had a sensor mat in their room to alert staff of when they were out of bed. The person also transferred from chair to wheelchair using a stand aid to assist them to stand. Instructions regarding the support they required were detailed in the plan. We saw staff assisted the person in line with their care plan.

Staff made sure that people living at the service were communicated with effectively. This involved using non–verbal prompts in order to break down communication barriers. For example, the use of body language and pictures to ensure people remained at the centre of their care.

We spoke with the activity co-ordinator who planned a program of social events and stimulation for people. The activity co-ordinator was available four hours a day, five days a week. These hours were flexible to meet the social needs of people who used the service. For example, on the day of our inspection someone was celebrating their birthday and a party had been arranged for the evening. The activity co-ordinator came in later to facilitate this.

People's spiritual needs were met by members of local churches. Different denominations such as the catholic church, salvation army and a gospel church visited the home. The gospel church provided a concert three to four times a year, which was very popular with people.

The provider had a procedure in place for handling complaints. This was displayed in the main entrance of the home and invited people to raise any concerns with the registered manager. We saw that the registered manager kept a log of complaints, which detailed the concerns raised and the outcome. We saw that complaints had been dealt with appropriately and in line with the provider's policy. The registered manager also kept a file which contained compliments. Complaints and compliments were used to develop the service.

People we spoke with told us they would speak with staff or the manager if they had a concern. They were confident that their issue would be dealt with appropriately and resolved effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who was supported by a deputy manager and a team of senior care workers. People we spoke with felt they could speak with the management team and felt they were approachable. We spoke with staff and they felt they were actively involved in developing the service and told us they had regular staff meetings. Staff also felt the management team were approachable and they felt listened to.

On the day of our inspection we saw the deputy manager leading staff and offering guidance in different situations. This promotes an open and inclusive culture were staff were positive, worked well together and supported each other well.

The provider had systems in place to monitor the quality of the service. The registered manager completed several audits such as medication, infection control, staffing, building and premises, and health and safety. All audits had a corrective action plan in place to ensure that any issues identified were followed up and acted upon. In addition to these audits, the provider completed a full audit which included all areas of the home. This was last completed in December 2016, when the home scored 98.8%. This showed that the provider was happy with the quality of the service.

We saw a file in the dining area which was used to record comments about food and the dining experience. This was used regularly and positive comments were recorded.

One relative told us that they had assisted their relative to complete a questionnaire about the service in October 2016. People told us there were regular residents and relatives meetings where they could voice their opinions. They told us they talked about what was working well and what they thought needed to change. The results of this questionnaire were displayed in the main corridor in the home. The results were mainly positive, but the registered manager told us that they would discuss them in the residents and relatives meeting and look at ways to improve.

Relatives and residents meetings took place to ensure people could share their views. People felt these were useful and felt involved in the home.