

Askham Village Community Limited

Askham Grove

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Askham Grove is a residential care home providing personal and nursing care for up to 28 people who have rehabilitation needs. At the time of the inspection 23 people were using the service. Askham Grove accommodates people on two floors of a purpose-built property.

People's experience of using this service and what we found

People were happy with the care home and the staff that provided their care.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 any issues. 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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 June 2018) and there were multiple

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Grove

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Askham Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with seven staff members, including the nominated individual, the registered manager, lead nurse, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including complaints and 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to make sure there were enough staff deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- 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 too many staff and this made the home too busy. At most times during the day we found that staff worked throughout the home. However, at lunchtime we saw there were eight staff members assisting with meal provision, which did mean there were a lot of staff in one area for a short period of time.
- 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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Two people were able to tell us through communication support, "I do feel safe." One person indicated a staff member who they would go to if they were worried about anything.
- 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.
- The home had reported an ongoing issue with the receipt of prescriptions and medicines from the local GP surgery. This meant people had sometimes not received their medicines, despite staff members continued contact with the surgery to request these.

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.

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, "I always get my tablets, I don't think they ever miss 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 incidents to reduce risks to people, for example the lead nurse introduced 'learning walks' with staff when they came on duty. This introduced staff to people and allowed each person to raise any concerns that had developed overnight. During our visit staff were able to respond quickly to one person who had a sudden onset of pain.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same - good.

This meant 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 helped them to make sure they had enough staff with the right skills to meet their needs.
- 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. The training matrix showed that staff were up to date with training required by the provider. One person told us that staff knew what to do when their health condition deteriorated.
- Staff told us that they received other training, such as for specialised care needs. One staff member told us that training changed the way they carried out tasks and cared for people, as it kept them up to date with current practice.
- 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. Two people told us, "The food here is very good." Another person told us they could choose what they had to eat.
- 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; Supporting people to live healthier lives, access healthcare services and support

- 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.

- 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.

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.

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 when this is in their best interests and legally authorised under the MCA. 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.

- 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. However, we saw that even where people were not able to make decisions they were still involved as much as possible in the process. Many people had moved from another of the provider's homes and there was information to show people had been consulted and had been able to make this decision themselves.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to make sure staff treated people with respect, ensure people's confidentiality was maintained or to support people to remain independent. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- 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. One person pointed to a staff member and said, "They definitely do (respect privacy), and so do the others. I think it's alright."
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.
- Staff encouraged people to do what they could for themselves to maintain their independence. They worked with health professionals to increase people's ability to care for themselves with the aim of returning home or to live as independently as possible.

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, "The staff here are ninety-eight per cent good staff. Generally speaking the staff are very good."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. People confirmed that staff knew them well, with one person saying, "Yes they do."
- 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 but that still encouraged them to do as much for themselves as possible. 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.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to make sure care plans were in place and up to date to give staff enough guidance to fully meet people's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's care needs were met, and they were happy with the care they received. One person told us that staff, "Encourage me to do as much as possible." The person's visitors said that since coming to live at the home the person was getting up and socialising during the day. They had previously been left in bed and were not able to speak with anyone else. The visitor's told us, "It's like we have our [relative] back again, it's lovely to see them able to enjoy life again."
- 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. One staff member told us what they thought of how care was planned, "Care plans, 'this is me', every decision, every step is person centred in the promotion of independence, motivation and achievement." 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 people's needs were reviewed regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided people with information in formats and ways that supported their individual communication needs. One person had an interpreter who visited regularly to spend time with the person. They had provided staff with translations of common questions and phrases, so that staff could have some conversation with the person. Other people had information in picture format to help them understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- 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. People who were taking part in activities during our visit were happy and engaged in what they were doing.

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. They had information about external organisations that they could also contact about their concerns.
- Complaints 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. 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- 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.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. They displayed their inspection rating and told people and visitors what they had done to improve.

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. One staff member told us, "I think [registered manager] is great, she's always there, her door is always open, comes in first thing in the morning and speaks to everyone."
- Staff said that the lead nurse and the registered manager were approachable and would work with them if needed. 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 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

- No surveys had been completed in the short time since people had moved to this home. People and

relatives were however given other opportunities in regular meetings to provide their view of the home.

- 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 provider and senior staff contacted other organisations appropriately. For example, to organise a meeting between the local GP surgery and supplying pharmacy to discuss issues the home had with the reordering and receipt of medicines.