

## Askham Village Community Limited

# Askham Court

### Inspection report

13 Benwick Road  
Doddington  
March  
Cambridgeshire  
PE15 0TX

Date of inspection visit:  
22 June 2016

Date of publication:  
20 July 2016

Website: [www.askhamcarehomes.com](http://www.askhamcarehomes.com)

### 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

Askham Court is registered to provide accommodation and care, with nursing, for up to 12 adults. People who live at the home have complex physical and mental health needs, mainly because of acquired brain injury. Askham Court is part of the Askham Village Community, which comprises of four care homes, each catering for a different client group, built around a central courtyard garden. Askham Court is on one floor, with a large lounge/dining area, which has a kitchenette, and all bedrooms are single rooms with an en suite bathroom. There is a shared café opening onto the courtyard, which is open to the general public.

This comprehensive inspection took place on 22 June 2016 and was unannounced. There were 12 people living at the home when we visited.

As part of its conditions of registration, this home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run. There was no registered manager in place as the registered manager had left about six weeks before the inspection. The provider's Operations and Quality Manager was managing the home.

People were comfortable with the staff and people's relatives were happy with the support provided to their family members. Staff liked working at Askham Court and were well-supported by the manager and senior staff.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people had been assessed, which meant that people were kept as safe as possible. Medicines were managed well so that people received their prescribed medicines safely.

There were sufficient staff on duty to make sure that each person had the support they needed to do whatever they wanted to do. Staff had been recruited in a way that made sure that only staff suitable to work in a care home were employed. Staff had undertaken a range of training in topics relevant to their role so that they were equipped to do their job well.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Staff had a good understanding of the principles of the MCA. Appropriate applications had been made to the relevant authorities to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People's healthcare needs were monitored and staff involved a range of healthcare professionals to make sure that people were supported to maintain good health and well-being. People were given sufficient amounts of food and drink and people's dietary needs were met.

Staff showed that they cared about the people they were supporting. Staff treated people with kindness, respect and compassion and made sure that people's privacy and dignity were upheld at all times. People's personal information was kept securely so that their confidentiality and privacy were maintained.

People's relatives were involved in the planning of their family member's care and support. Staff gathered as much information as possible about each person so that their support plans were personalised. This meant that people received the support they needed in the way they preferred. People received therapy from trained professionals to support them to meet their goals for rehabilitation. A number of people had achieved their goals and had left the home.

A wide range of activities and outings was organised to make sure people had opportunities to do whatever they wanted to do. People and their relatives knew how to complain and complaints were responded to in a timely manner.

The manager was approachable and people, relatives and staff were satisfied with the way the home was managed. People and their relatives were encouraged to share their views about the quality of the service being provided to them in a number of both formal and informal ways. Staff were also given opportunities to share their views about ways in which the home could continue to improve. Audits of all aspects of the home were carried out to make sure that a good quality service was provided. Records were maintained as required.

## 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.

Potential risks to each person had been assessed and guidelines put in place so that any risks were minimised and people were kept as safe as possible. Medicines were managed safely.

Staff had undertaken training in safeguarding and were aware of the procedures to follow if they suspected anyone was at risk of being harmed.

There were enough staff on duty to meet people's care and support needs. The recruitment procedure ensured that only staff suitable to work in a care home were employed.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to make sure they were knowledgeable and competent to carry out their role.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were provided with sufficient food and drink to meet their nutritional needs. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind, compassionate and caring staff who treated them with respect.

People were supported to maintain and improve their independence and were given opportunities to make choices about all aspects of their daily lives.

Visitors were welcomed at any time and people were encouraged

to maintain contact with their families.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning the support they wanted. Care plans gave staff detailed, personalised information on how to support people's care needs and their goals for rehabilitation.

A range of activities, outings and events was arranged with people so that they had things to do to keep them occupied.

People and their relatives knew how to complain if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The home had an effective management structure in place and staff were supported well.

The manager was approachable and people, their relatives and the staff were encouraged to give their views about the service provided.

Staff and the manager carried out quality assurance checks on various aspects of the home to ensure that a good quality service was provided.

# Askham Court

## 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 home, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by two inspectors 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. The expert by experience at this inspection was a carer for relatives with a range of health needs.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 observed how the staff interacted with people who lived at Askham Court. We spoke with seven people who lived there and nine members of staff (one nurse, two care workers, one member of the activities team, one domestic, one member of the maintenance team and three therapists). We also spoke with the Quality Nurse and the Operations and Quality Manager who was managing the home. We also spoke face-to-face with one person's relatives and we spoke with another relative over the telephone. We looked at five people's care records as well as some other records relating to the management of the home, including some of the quality assurance audits that had been carried out. Following the inspection we asked the provider to send us some additional information. We also contacted some healthcare professionals that the service told us they had regular contact with. We received responses from three healthcare professionals.

# Is the service safe?

## Our findings

During our previous inspection in October 2015 we found that the provider was in breach of Regulation 13, Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had failed to correctly report a potential safeguarding incident, as required by law and by local protocols. The provider sent us an action plan and told us they would be compliant with the regulations by February 2016.

During our inspection on 22 June 2016 we found that improvements had been made. We found that staff had a good understanding of the meaning of safeguarding people. Staff demonstrated that they would recognise if anyone was experiencing or at risk of harm. One member of staff told us, "You would know [if someone is being abused] – how they would react; if they didn't want to come out of their room." Another member of staff said, "There can be a change in their behaviour." Staff demonstrated that they would know the procedures to follow. They said they would report to the nurse in charge or the management of the home. They also knew that they could report to external agencies such as the local authority's safeguarding team. They said they had never seen any signs of people being harmed. One member of staff told us they would use the external numbers "if nothing was done by my manager." The manager was clear about the procedures to follow. There were posters on display in the home to guide people, visitors and staff on who to contact if they felt a person might not be safe.

We spoke with four people about whether they felt safe at Askham Court and all four told us they felt very safe. One person said, "I feel safe here and the staff are excellent." Another person told us, "I feel very safe here. I am very well looked after." From their body language and their interaction with the staff we judged that people who could not tell us in words felt safe and comfortable in their home and with the staff. Relatives had no concerns about their family members' safety.

People told us they had not experienced, or witnessed, any discrimination. This person told us the home had "at least four residents from different ethnic backgrounds". They said they were all encouraged to talk about topics such as their foods, religions and traditions. Another person told us, "I am [a different ethnic background] but I am treated equally."

The provider had systems in place to keep people as safe as possible from harm. Records showed that assessments of potential risks to people had been carried out. These included risks relating to falling; not eating or drinking enough; and the risk of getting pressure sores. Guidelines had been put in place for staff so that they knew how to manage and reduce any risks to people's safety.

The provider had taken steps to ensure that staff had guidance on what to do in an emergency. A personal emergency evacuation plan was on file for each person. Maintenance staff told us that they checked the fire safety system as required and that a fire risk assessment was in place. They carried out unannounced fire drills. They said they also carried out required checks relating to, for example, electrical and water safety and portable appliance testing. The provider had made arrangements in the local area for accommodation for people if the home had to be evacuated for any reason.

We checked whether there were enough staff on duty to make sure that people's needs were met. We found that there were sufficient staff to keep people safe and to meet their needs. In the PIR the provider wrote, 'Should there be any changes requiring additional staffing then this is provided to ensure consistent quality and safe care for residents.' Staff told us that there were enough staff. One member of staff told us that staffing levels were "better". They said, "Generally we have enough staff - I've no complaints at all. We all muck in and we get it all done and the care is to the same standard [as at times when there are more staff]." A healthcare professional told us there was "plenty of staff available". They said the effect of this was that people received safe care and support, and in particular the therapies that they needed for their rehabilitation. Another healthcare professional wrote, "There are enough staff. People...don't appear to have to wait for care/support for long periods if ringing their bells."

The manager reported that a recognised method of assessing each person's level of need was used to identify how many staff were required on each shift. In the PIR the provider wrote, 'Staffing levels are determined based upon the dependency of the residents and are reviewed at least monthly.' They also wrote that a new staff rota system had recently been introduced: 'The current fixed rota has been replaced with a rolling rota to give Management greater flexibility with ensuring full cover at all times including at times when there is last minute/short term sickness.' In this way they ensured that a correct number and skill mix of staff would be on duty on each shift. The manager stated that there were five or six care staff and a trained nurse rostered to be on duty during the day. We saw that the activities team helped care staff to assist people who needed support to eat their lunch.

The provider had a robust recruitment procedure in place. The provider wrote, 'The process for ensuring that the people are protected from abuse and avoidable harm begins at the recruitment stage.' Staff confirmed that all the required checks, including references from previous employers and a criminal record check had been in place before they were allowed to start work. One member of staff told us, "The DBS [criminal record check] and two references were all here before I could actually start."

We looked at how people's medicines were managed. We saw that medicines were stored safely and within the correct temperature range. Medicine administration record (MAR) charts showed that staff had signed to show that they had given people their medicines as prescribed. We checked the amounts of some medicines remaining in their original packets and found that the amounts tallied with the records. Any medicines not required had been disposed of correctly. We found a couple of minor anomalies in the recording of medicines administration. On the current MAR charts there were no 'carried forward' amounts of medicines remaining from the previous cycle. However, we found that carried forward numbers had been recorded on the previous MAR chart so we were able to check amounts. The prescription for a medicine for one person had been changed to 'when required' but the change had not been noted on the MAR chart. However, we could see that people had been given their medicines as they had been prescribed.

In the PIR the provider stated that regular training sessions in 'medication administration' were arranged for the nursing staff who gave people their medicines. They said that nurse competency 'is continually reviewed.' The nurse confirmed that nurses had undertaken training, completed medicines workbooks and had their competence assessed so that people were given their medicines safely.



# Is the service effective?

## Our findings

Staff described their induction when they had started working at Askham Court. One member of the care team told us they had had "six hours reading care plans, training [in all the necessary topics] and a week shadowing experienced staff."

Staff told us that they had undertaken a range of training courses to ensure that they could do their job properly. They said that topics included safeguarding, moving and handling, deprivation of liberty, fire safety and food hygiene. Staff said that training was a mixture of learning done on the computer (e-learning) and face-to-face learning. Some staff told us they felt they learnt more with face-to-face training. One member of the care team told us they had undertaken a 'train the trainer' course so they were qualified to train other staff in moving and handling. People told us that they felt staff were fully trained in the way their care was delivered.

Staff had also undergone training in a range of topics specific to the care they were delivering to individual people. For example, tracheostomy care, including suctioning; dysphagia; and understanding brain injury. The provider told us they had further training planned for staff, especially with regards to brain injury and rehabilitation. This meant that the provider had ensured that staff were equipped with the knowledge they needed to carry out their role effectively.

Staff told us they felt supported by the management and senior staff. They told us they had regular supervision with their line manager. One member of care staff told us this was "every single month without fail." Another member of staff said it was "a chance to vent if I've got problems", which was "very useful". They also said they had had an annual appraisal. Another member of staff said they felt supported by the care team: "It's like one big team here – I do like that. There's no-one I don't feel comfortable going to [for support]." Staff also said they knew the manager's door was "always open" if they needed to see them.

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 application 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.

Following our inspection of this service in April 2015 we recommended that the provider sought advice and guidance from a reputable source about ensuring that the rights of people who lacked the mental capacity to make all their own decisions were upheld. The provider told us they had arranged for staff to attend the

local authority's face-to-face training sessions on MCA and DoLS, in place of e-learning.

Staff demonstrated that they had a good level of understanding of the principles of the MCA. One member of staff told us that mental capacity is about protecting people and giving them choices; "put their best interests first if they can't make choices". A member of the therapy team said, "If [a person] can't decide we carry out the therapy in their best interests... with communication with their family to establish what the person was like, and their interests [before they came here]." Staff had completed assessments of people's mental capacity to make certain decisions and applications for authorisation to deprive some people of their liberty had been made to the local authority. This demonstrated that the provider had followed our recommendation and that the rights of people who lacked capacity to make certain decisions were now being protected.

People were supported to have enough to eat and drink. Each person's nutritional and hydration needs had been assessed, recorded and regularly reviewed. Where staff had had concerns they had contacted the dietician for advice. People told us they had a choice of food and were always asked the day before what they would like. One person told us, "There is always plenty of food and drink available." Another person told us they knew they would always be offered a snack if they were hungry. At lunchtime we saw that people enjoyed their choice of food and that people's dietary needs had been catered for.

People's healthcare needs were met by a range of healthcare professionals such as GPs, the community dietician, a chiropodist and hospital consultants as well as the provider's own nursing and therapy staff. We saw that there was a record in each person's care plan on which staff could record all contact with 'healthcare professionals'. GP visits had been recorded, and records showed that staff had supported people to attend hospital appointments. People were confident that staff would call medical assistance for them if they needed it. One person said, "I didn't feel well... They [staff] called the doctor the same day... they're good like that." A relative said their family member had always received "quick care by the staff" if they were not well. They added, "They even got a psychiatrist to talk to [family member] because she became very low in her moods."

The provider employed a number of therapists, including physiotherapists and occupational therapists (OT) to provide support to people with their rehabilitation. The trained staff had assistants to help them who were not fully trained. At the time of our visit, the provider had not been able to employ an OT but the assistants worked with guidance from qualified community staff. People told us they received the therapy they needed and we were given examples of how people's abilities had improved. One person told us, "I'm getting good support with my rehabilitation. I've progressed quite a lot. I'm working towards going home."

## Is the service caring?

### Our findings

People made numerous very positive comments about the staff and told us how happy they were living at Askham Court. One person said, "It is very nice here. Staff are very kind to me." Another person told us, "Staff are very kind to me. They show me love and respect." A third person told us, "They are brilliant. They have got so much patience with everybody. They are so cheerful." People felt that staff knew them on a personal level and understood their individual needs.

Relatives also made very positive comments. These included, "The staff looking after my [family member] are like family." Relatives felt that they too were treated with kindness by the staff. One relative told us they visited every day, or telephoned morning and evening and staff "never make me feel I'm [contacting them] too much."

In the PIR the provider told us that Askham Court has 'a high standard of carers who contribute towards making the Court a home for all residents. They are caring, sympathetic, empathetic, responsive and dynamic towards the residents' needs and wishes.' A member of staff said, "People get very good care here, we have lots of compliments from families – they are very pleased." Another member of the staff team told us, "Our job is to do the best we can for them [people]."

We saw that people and staff got on well together and enjoyed each other's company. At lunchtime staff chatted with people they were assisting. Throughout the day we saw that there was lots of laughter and banter, which everyone enjoyed. We saw that staff knew people well, knew their individual needs, likes and dislikes and showed that they genuinely cared about people. A member of staff told us, "Some days it's just a good laugh – residents and staff giggling all the time." Another member of staff told us, "We talk to people and have a laugh with them." A healthcare professional wrote, "They [staff] treat people in a caring and friendly manner... where I have seen mutual teasing suggesting they have established relationships and therefore treat the residents well. Staff are compassionate and caring."

Some people who lived at Askham Court were not able to communicate using words. Staff told us they used a range of methods to communicate with people such as sign language, picture cards, an application on the computer and word cards. They had developed particular strategies with each individual. For example, one person who could understand what was said but was not able to respond, used some signs including thumbs up and thumbs down. A member of staff said, "We show [the person] things and [they] give thumbs up for [their] choice."

People were given choices in all aspects of their daily lives. One person told us that they liked to shower every day, which staff supported them to do. Staff told us, "We treat everyone as an individual. They [people] make choices of what they want to wear, drinks, food. We don't presume anything." This member of staff went on to explain that if people can't choose, "we make sure they look nice: to a standard I would like done to me." One person said that staff assisted them to choose what they wanted to wear: "They open the wardrobe and I can see what I want."

People told us, and we saw that personal care was offered and dealt with discreetly and staff always knocked and waited before entering people's bedrooms. People felt their privacy and dignity were always upheld when staff entered their rooms and during personal care.

However, we noted that people's privacy and dignity was not always maintained. Two people were receiving treatment in the gym at the same time. There were no screens in use to provide privacy and we noted that at least one person would have been unable to give their consent to their treatment being carried out in this way. Following our visit, the lead nurse wrote to us: 'Screens are available for use in the gym to provide privacy and dignity for residents should they or their relatives wish them to be used. The screens are not always used as some residents are more comfortable without them.'

People were encouraged to be as independent as they could be. A member of staff told us, "It's about supporting what people can do for themselves and not doing it for them." In the kitchenette we saw a notice giving staff guidance on supporting people, as part of their rehabilitation, to improve their independence in getting their own breakfast. We saw staff assisted each person at the stage they needed assistance.

Visitors told us they were welcomed at the home at any time. One person's relative said there had never been any restriction on visiting. They gave us an example: "I've turned up here at one o'clock in the morning...to staff greeting me and giving me a cup of tea – no problem at all." In the PIR the provider wrote, 'Askham has an open visiting policy which places no restrictions on the time family or friends are able to visit any resident. Families are actively encouraged to visit and spend quality time with their loved ones. For example, on Christmas Day several residents and their relatives enjoyed Christmas day together including dinner provided by the Askham Chef.'

People's care records were stored securely so that people and their families could be assured that people's confidentiality was respected.

## Is the service responsive?

### Our findings

Staff carried out an assessment of each person's needs before the person was offered a place at the Askham Court. In the PIR the provider told us that, as part of the admission process, they contacted the person and their relatives 'to encourage them to take an active role in the care planning process and be part of the care team by highlighting any changes they have noticed.' Care plans were developed from the assessment and were adjusted as staff got to know the person better or as the person's needs and goals changed.

The provider had employed a Quality Nurse to completely review the care planning system and introduce uniformity in the care plans across all four care homes. Care plans were written in a personalised way and provided staff with guidance on the way each person preferred to be supported so that their needs were met. We saw that people, and their relatives, had been involved in planning the person's care. People's likes, dislikes and their preferences for how they wanted their care delivered by the staff were included in the care plans. Also included was clear guidance for medical emergencies. For one person with a particular medical condition, the steps that staff had to take before calling 999 were detailed, including timescales.

There was a good use of pictures in the care plans showing, for example, how a person's hand splint should be put on or the exercises they needed to do. One person had asked for the pictures to be on the wall in their room to help them remember how to do the exercises. Staff had done this. Each person had a diary sheet showing the times of, and which therapy sessions they would be attending during the week. These were individualised and planned to meet the person's needs. Some people had sessions across all the disciplines, including speech and language, physiotherapy and occupational therapy (OT). A number of people used the gym and hydrotherapy pool and we saw people using an exercise bike in the shared lounge. Some people also had sessions from the psychiatrist or psychologist for emotional and psychological support. The provider told us they were struggling to recruit a trained OT. A couple of people's needs in relation to OT had not been assessed as quickly as they should have been, due to this lack of a trained OT. However, an OT assistant was working on goals set by the previous OT and one person was being supported by the community OT.

A team of staff, including therapy staff, the lead nurse, nurses and managers met weekly to discuss individual people's needs. Each week they reviewed "four or five" people's care and support, including their therapy sessions and made decisions about any necessary changes. Full annual reviews about an individual's care package were held and included members of the person's funding authority. People and their relatives were invited to all these reviews to discuss whether the plans met the person's current needs.

Staff told us how rewarding it was for everyone involved to see people improving and progressing towards their goals. For some people this meant going back to their home. One member of staff said, "The job is really nice. I get job satisfaction from helping people. You see people moving on, they've progressed with walking [and] with speech and communication." Another member of staff said, "I love it [working here]. It's nice to see people get better and go home. One person walked after they'd had a stroke. It was very emotional."

The provider had a very active team of staff who worked across the four homes to organise activities, outings and events for people to participate in. In-house activities included games, quizzes, and "lots of music." On the morning of our visit people who wanted to were making cakes for a party that was being held later in the day. One person told us how pleased they were that each week staff supported them to cook lunch for everyone in the home. This person was justifiably proud of the progress they had made to be able to do this.

Regular outings were arranged. The day after the inspection, people who wanted to were going on a boat trip, which they were all looking forward to. Relatives were invited and a member of staff told us that one person's spouse and children joined them "and have a lovely day out." People told us that for the Queen's 90th birthday they had had a competition to see which home could be the best decorated. Everyone had joined in; people who lived at the home, their families, staff and visitors. People and staff at Askham Court were proud to tell us that they had won. A member of the activities team told us that last Christmas the staff had put on a pantomime. They said, "Twenty minutes of the staff making fools of themselves – the residents loved it. It was hard work but it was worth it for the residents."

Staff told us and we saw that people and their relatives made good use of the Askham Café. It meant they could be away from their home for a while and meet people from the other homes and people from the village who had dropped in for a coffee. Every Friday there was a coffee morning for people to attend if they wanted to and once a month members of the Fenland Community Church called in to see people. A group called the Sunshine Singers had been formed, made up of staff and anyone else who wanted to join in. Once a month they got together with the other three homes to have a singing session.

The provider had a complaints process in place, which was advertised in the home. There was a number of ways for people and their families to raise any concerns if they needed to. One person told us, "I can't fault anybody here. They are brilliant." Another person told us they had not thought about who they would speak to if they were unhappy because they had never needed to. Staff were aware of what they do if a person wanted to complain.

## Is the service well-led?

### Our findings

People told us they were happy living at Askham Court. People's relatives made positive and complimentary comments about the service their family members received. One relative told us, "I'm very happy with my [family member's] care. I walk away from the Court knowing my [family member] is in a good place." Another relative had sent a thank you card to the home. In it they had written, "What a difference the Court is now-a-days. Gone are the days when the staff were unfriendly and unwelcoming. Now, everyone is friendly and pleased to see you. [Name of lead nurse] is doing a good job, as this obviously cascades from the top." A healthcare professional wrote, "The residents appear to be receiving a kind and caring service which is reflected in their happy responses to staff." Relatives were also very pleased with the support they themselves were given from the staff and the management.

Staff said they were happy working at Askham Court. One member of staff told us, "It's hard work but it's enjoyable and I love it." Another said, "I thoroughly enjoy it, I really do. Everybody gets on well and we help each other out." A third member of staff said, "They're a friendly bunch; we [care staff] work as a good team." Some of the staff we spoke with told us that if there was one thing that could be better it would be team-work across the different staff teams (nurses, care workers, therapists, ancillary staff). They said that at times there was a feeling of "them and us". However, the general feeling among the staff was that morale had improved.

At the time of our visit there was no registered manager in post. The registered manager had left about six weeks before our visit. The provider had told us and had given us details of the management arrangements that were in place while they recruited another manager. The provider's Operations and Quality Manager was managing the home in the interim period.

There were no concerns about the management of the home although some people and their relatives were not aware that the registered manager had left. One relative who did know that the registered manager had left said that in their opinion "the service is still running OK, with [name of manager] and [name of lead nurse]." They felt that both of the staff they named were "very approachable." People and their relatives knew the manager and saw him frequently. They told us they knew they could speak with him if they wanted to.

The culture of the home was changing for the better. The manager told us that in their view "staff are happier. There's a lot more smiling and giggling around." They felt that staff were more "pro-active and forward thinking" and that "everyone's starting to take ownership." The owners had provided a barbeque for the staff at the Queen's birthday celebrations. One member of staff told us, "It's just a great place to work for. It's more resident-focussed now – we have time to talk to people and do things with people. I do enjoy working here."

The manager told us that the Askham Community "has a charter: 'friendship and freedom without fear'." There was also a set of values which all staff were aware of. Although not all staff were able to quote them they knew where to find them written down. One member of staff said that 'respect' was one of the values

and there were posters around the home which stated "No decisions about me without me." One member of staff told us that the provider holds an annual general meeting (AGM) each year. Last year staff were given a pen on which was written the reminder 'if it's not written down it's not done'.

There was a range of ways that people, their relatives and the staff could give their views about the service being provided at Askham Court. There were posters around the home asking for people's comments: 'How are we doing? How can we be better? With your honest feedback... Askham can continue to learn and improve. Please tell us your thoughts.' The manager said that people knew their "door is always open" and they went into the home several times a day. An annual questionnaire was sent to people and their relatives. The manager said this was in the process of being sent out and the responses would be collated into a report.

The manager showed us that a daily feedback sheet had been designed and was about to be put in place. It prompted the staff to ask each person, "How was your day today?" and gave people four options (smiley faces) for people to tell staff whether they thought their day had been 'super', 'good', 'Mmmm...ok', or 'expected better'. People could add, or ask staff to add, the details of why they felt that way.

Staff told us that they were encouraged to come forward with ideas for improvements. A member of the activities team told us they had lots of energy and lots of good ideas. They were pleased that the management team "have embraced that and let me get on with it [my job]." The manager said that the management team was working on "staff empowerment". They said, "Staff are enfranchised to take on areas of responsibility, to be in control, to make decisions."

The provider had ways of communicating with people about the home. These included a newsletter which was produced three times a year by the activities team. A copy was sent to every person who lived at all four homes and their relatives. It included news of what had been happening in the homes and what was planned as well as photographs of outings, activities and entertainments.

In January 2016, Askham Court had gained approval with the Headway Approved Provider scheme. Headway is the UK-wide charity that provides support, services and information to brain injury survivors. On their website Headway explains that their Approved Provider scheme lists residential care settings that have been 'assessed against standards devised by Headway to ensure they provide appropriate specialist care for brain injury survivors with complex physical and cognitive impairment.' Askham Court shared the assessor's report with us, which gave positive outcomes as well as some actions for improvement.

The provider had a whistle-blowing policy. Staff understood that 'whistle-blowing' meant they could report poor practice if they saw any and their confidentiality would be protected. One member of staff said they were confident that "my name would be kept out of it." Another member of staff told us they had supported a colleague to blow the whistle. They were pleased that they had not been informed of the outcome as this had confirmed that matters were dealt with confidentially by the management team. The manager told us that staff knew they "can come and see me. Staff do talk to me."

Askham Court was part of the local community. Members of the public visited the café and met people who lived, worked at and visited the home. A healthcare professional told us, "People from the community visit the café which gives it a sense of normality." They also said that there were other ways in which the home had become part of the local community, including visits from a local scout group; a fete was organised each year for the local community to attend; and art displays had been held. Another healthcare professional wrote, "I have seen a mix of people in the on-site café. A more able/ independent resident told me that [they] take [themselves] to the café."



The provider had a system in place to monitor the quality of the service being delivered to people by the staff. Audits of all aspects of the service were carried out by various senior staff who reported back to the manager. Weekly reports across a range of topics, including details of the audits that had taken place, were completed by the manager and sent to the management team so that they could be discussed at the weekly Board meeting. Action plans were produced, which the manager was responsible for completing within the set time frames. This meant that the service provided continued to improve.

We found that records were maintained as required and kept securely when necessary. Records we held about the home confirmed that notifications had been sent to CQC as required by the regulations.