

Askham Village Community Limited

Askham House

Inspection report

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March
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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 House is one of five care homes on one site, on the outskirts of the village of Doddington. Each home is registered as a separate location. There are some shared facilities such as a café and function room where some activities take place. Askham House accommodates up to 29 people in one adapted building. The home provides care to older people and people living with dementia.

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

People who lived at Askham House received care from staff who were passionate about delivering a service based on individual needs. Staff knew each person well. People's views were respected, and they were involved in everything that happened in the service. People were happy living there and relatives trusted the staff team to look after their family members.

Staff delivered care and support that was personalised and responsive to people's likes, dislikes and preferences. Staff were kind, caring and motivated. People, their relatives and external professionals were complimentary about the care provided. Staff respected people's privacy, dignity and independence. Staff encouraged people to lead their life in the way they wanted to.

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection. Enough staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet people's needs.

People were supported to maintain good health. Staff made referrals to health professionals when required. People were provided with the care, support and equipment they needed to stay independent. Staff were kind and caring and had developed good relationships with people using the service.

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 had food and drinks based on their individual choice and preferences. People enjoyed a wide range of activities in the community and within the service, that reflected their specific needs and interests.

Care plans were in place which guided staff to provide support that met people's needs which were in line with their preferences.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff

could approach the registered manager who acted on concerns raised to make improvements to people's care.

Rating at last inspection

The last rating for this service was requires improvement (published 25 June 2018)

Why we inspected

This was a planned inspection based on the previous rating.

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

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 House

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

The inspection team consisted of two inspectors.

Service and service type Askham House 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, including the safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with six members of staff including, the registered manager, three care workers and the activities co-ordinator.

We reviewed a range of records. This included two people's care records and medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Askham House. One person said, "It's wonderful here. There is always staff around to help you." People's facial expressions and body language told us that they felt safe and comfortable with the staff. Another person told us, "All the staff are very polite and treat me very well."
- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included those with poor mobility, choking and using bed rails.
- Equipment in use in the service was maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.
- Staff knew how to support people whose behaviour sometimes challenged themselves and others, to make sure everyone was safe.

Staffing and recruitment

- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home. This included a criminal record checks and references from previous employers.
- A dependency tool was used to determine the correct number of staff needed, each shift, to meet people's care and support needs. People had no concerns about staffing levels. Care calls bells were observed to be in reach, so people could summon staff when needed. One person said, "Staff usually come quickly when I use my bell." Another person told us, "There is always staff around if I require any help."

Using medicines safely

- Medicines were managed safely so that people received their medicines as the prescriber intended. People were confident with staff supporting them to take their medicines. One person said, "Staff do my medicines, I don't want to be responsible. I can always ask for pain killers if I need them."
- Staff kept accurate records of all medicines ordered, given and disposed of. Medicines storage was appropriate.
- Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
- Staff had undertaken training and had their competence checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff recorded all incidents and accidents and the registered manager included them in her monthly report to the provider. The registered manager regularly met with the nominated individual to discuss any accidents or incidents to look for any trends or patterns. This information would then inform any action needed to be taken to reduce the risk of recurrence.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.

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 requires improvement. At this inspection this key question has now improved to 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

- Each person's holistic needs continued to be fully assessed before they are offered a place at the service. Needs were assessed in line current good practice guidance. This initial assessment formed the basis of the person's care plan.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and staff knew people extremely well.

Staff support: induction, training, skills and experience

- Training courses and development opportunities were undertaken so that staff had the knowledge and skills to look after people well. Staff confirmed they received lots of training and could always ask for other courses that were relevant to gain further knowledge.
- Staff felt well-supported by the management team and by each other. Regular staff meetings and supervision sessions enabled staff to discuss any issues and get any further support or training they needed.
- The registered manager and deputy manager worked shifts alongside staff so that they knew first-hand how well staff worked.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to eat and drink sufficient amounts of food and fluids. People told us they were offered alternative choices if they did not like the menu option. We observed one person requested a different meal at lunchtime and this was provided straight away.
- Staff supported people with their meals in a patient and unhurried manner. A person said, "There's plenty of food and I enjoy the choices I am offered." Another person told us, "Meals are very good here."
- People with specific dietary needs were catered for.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs and provided people with seamless care.
- Referrals to other agencies such as dietician and chiropody were made in a timely manner.

Adapting service, design, decoration to meet people's needs

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives with access to external health professionals when needed. A person said, "If I need a doctor the staff arrange one for me without any delay." Another person told us, "I have seen the GP when I need to, and they come here."

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 knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "It's all about making sure people are being given choices. We let people make their own decisions where possible."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them in a kind and caring way. One person said, "I must say I do feel respected. The staff are lovely and treat me very well." Another person told us, "The staff always have time for you and they make sure you feel important. We have lots of laughs and enjoy each-others company."
- Staff showed patience when supporting people and ensured people were comfortable when they had assisted them to move around.
- People were supported to establish and maintain relationships with their families and friends.
- People told us they regularly met up with friends and family which was important to them. People told us that their relatives were always made to feel welcome at the home, at any time. One person said, "My family come and visit whenever they want to. Staff are always very welcoming."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. People's daily plans were recorded in the care plans such as when they wanted to get up and when they wished to go to bed. One person said, "Staff always ask me what they would like me to do. They never just do things."
- Staff signposted people and their relatives to sources of advice and advocacy when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff supported and encouraged people to be as independent as possible.
- Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently.

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

- People received personalised individual care and support that was very responsive to their care and support needs.
- Detailed care and support plans were in place that were personalised to each person. People, their relatives or representatives were involved as appropriate in people's care and support plans. Staff met with people to discuss, review and agree their plans of care. This made sure information was up-to-date and reflected people's wishes, and individual needs.

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.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.

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

- People told us they felt they had enough time with staff, conversations, and events to keep them occupied during the day. One person said, "I love a good old sing song when we have musical entertainers come and I very much enjoy the arts and craft sessions." Another person said, "I love to join in whatever is on offer."
- The registered manager said they supported people to go into the community and would support people to attend any clubs they showed an interest in.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care. The service provided a range of accessible ways to do this. One person told us that if they had cause to complain, they would speak to the registered manager and they were confident they would deal with the issues quickly.
- People knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care.
- People were supported to make decisions about their preferences for end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The manager told us they would support people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

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 requires improvement. 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: engaging and involving people using the service, public and staff fully considering equality characteristics

- People had a very good relationship with the registered manager and staff team. A person said, "I would see [registered manager] if I had a complaint, but I haven't needed to."
- The registered manager and staff encouraged feedback and acted on it to improve the service. For example, by holding regular meetings with people and undertaking regular reviews with people about their care and support needs.
- Staff also told us that they felt very supported and listened to by the registered manager. A staff member said, "I'm supported very well here. I am very happy here and love my job. I also feel very supported by residents, other staff and [people's] families."
- Staff explained about the clear expectation for them to deliver a high standard of care and support to people. A staff member said, "It's a fantastic here the [registered] manager works by example."
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

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 registered manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence. For example, they had reflected on how the staff had responded to a relatives request regarding their family member and how this could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. Audits included action plans for improvements which had been signed off when completed.

- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.
- A business contingency plan was in place for responding to emergencies.

Working in partnership with others

- The nominated individual told us they worked closely with partner organisations to develop the service they provide.
- The registered manager told us, "We have a good relationship with the GP practice, to ensure continuity of care and to provide the best service possible. There are also a huge team of professionals providing services to our residents and communication is key."