HC-One Limited

Ashton Grange Residential Home

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

This inspection took place on 27 March and 4 April 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Ashton Grange Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Ashton Grange Residential Home accommodates 39 older people in one purpose built building. On the day of our inspection there were 37 people using the service. Some of the people were living with dementia.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in March 2016 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

Care records contained evidence of people being supported during visits to and from external health care

specialists. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People who used the service and family members were complimentary about the standard of care at Ashton Grange Residential Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation and the service had good links with the local community. People had individual activity plans in place, which ensured activities were person-centred.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The registered manager continually strived to develop their knowledge and skills, and shared this learning with staff to ensure continuous improvement across the staff team. Staff said they felt supported by the registered manager.

The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Ashton Grange Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 March and 4 April 2018 and was unannounced. One adult social care inspector took part in the inspection.

Inspection site visit activity started on 27 March and ended on 4 April 2018. It included a visit to the home on both these dates to speak with the registered manager and staff; and to review care records and policies and procedures.

During our inspection we spoke with six people who used the service and five family members. In addition to the registered manager, we also spoke with three members of care staff, the activities coordinator and one health and social care professional. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Ashton Grange Residential Home. People told us, "Safe? Oh yes" and "Very safe." Family members told us they had no concerns about safety at the home.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service. Staff were flexible and covered any absences. The registered manager told us, "I would never have agency staff in. I will come in myself" and "Staff come in on days off or stay late." Staff and people who used the service did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), written references from previous employers and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and procedures were in place for the management of falls. Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. Lessons learned from accidents and incidents were discussed and reflected on in staff meetings and supervisions. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Infection control audits were carried out every three months, the most recent in January 2018. This had a score of 95% and included outbreak management, environmental cleaning, the cleanliness of bedrooms and bathrooms, hand hygiene, the use of personal protective equipment, spillages and waste. We found the home was clean and no unpleasant odours were present. Bathrooms and toilets were clean and appropriate handwashing facilities and guidance was available.

Checks were carried out to ensure the home was safe. These included electrical testing, gas servicing, portable appliance testing (PAT), mobility and hoisting equipment, and hot water temperatures. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

We viewed the provider's safeguarding policy and procedure. Local authority safeguarding guidance was also available. We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect

vulnerable people.

We found appropriate arrangements were in place for the safe administration and storage of medicines. Regular medicines audits were carried out and staff had been appropriately trained in the administration of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "[Name] is thriving. It's wonderful", "They get the doctor out when needed. No complaints" and "[Name] has been here five years. They must be doing something right."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. The registered manager provided welcome packs for new residents, which included drinks and snacks, toiletries and a welcome guide.

People were supported with their dietary needs. Care records included information about the level of support people required at meal times, their individual preferences and whether they had any allergies. Malnutrition Universal Scoring Tools (MUST) were in place to help identify people at risk of malnutrition and where required, referrals had been made to dietitians and speech and language therapists (SALT). This guidance was documented in people's care records. We observed lunch and saw people were served in a timely manner. There was a sufficient number of staff to support people and the food looked hot and appetising. A family member told us, "There's plenty of choice. They ask [name] what they want and they cook it for 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Where people lacked capacity to make decisions, mental capacity assessments had been carried out and best interest decision meeting outcomes recorded. Family members we spoke with told us they had been involved with these.

Some of the care records we looked at included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no

attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person who used the service and their family members had been involved in the decision making process.

The service worked closely with external specialists including GPs, dietitians, SALT, opticians, challenging behaviour team and psychiatrists. The registered manager told us they held multi-disciplinary team (MDT) meetings where a GP and nursing teams visited the home, and people's health and medication was reviewed. They told us this provided continuity of care and a swift response to any medical and health care conditions, and had resulted in a reduction in hospital admissions compared to the previous year. A family member told us, "They are always liaising with health care professionals." The registered manager told us they worked closely with health professionals and families so that people could remain at Ashton Grange rather than being admitted to hospital. They told us, "Our aim is to support residents to be cared for in an environment that they are familiar with and engage health services to support as much as possible in their own home."

The premises was suitably designed for people with dementia. Corridors were light with no visible obstructions and hand rails contrasted with walls. Dementia friendly signage was in place and communal bathrooms and toilets were clearly signed. Bedroom doors were brightly painted and identifiable via large numbers and memory boxes.

Good

Is the service caring?

Our findings

People and family members told us the staff were very caring. They told us, "Oh very caring", "[Name]'s well cared for" and "I can't fault it [the care]."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. For example, we observed staff going around the home offering people tea and cake. We observed a staff member talking to a person who appeared a little upset. The staff member gently took their arm and said, "Come and sit down in here, it's nice and comfortable."

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. A family member told us, "They [people who used the service] are treated as individuals", "When [name] has dinner, if they spill they get changed" and "Everyone is always beautifully dressed." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to be independent. We observed people mobilising or eating their meals independently however staff were on hand to assist people who required support. Care records described what activities people could do for themselves and what they required support with. For example, "[Name] is able to put clothing on with some support from staff", "[Name] requires the assistance of two staff with washing and bathing" and "[Name] is able to transfer from chair to chair with the aid of their frame." The registered manager told us, "We make sure they [people who used the service] live as independently as possible." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's preferences and choices were clearly documented in their care records. These included their preferred name and whether they preferred male or female care staff to support them with their personal care. For example, "[Name] has no preference to either a male or female carer", "[Name] will choose their clothes daily, which they would like to wear" and "[Name] would like staff to check on them two hourly."

Communication support plans were in place, which recorded the support people required with their communication needs. For example, their vision and hearing, communication preferences, and their understanding and comprehension. The support plans provided guidance to staff on how to support people with their communication needs. For example, "[Name] can communicate and is able to let staff know their choices and needs but due to confusion can find it difficult to complete sentences. Staff to take their time and ask short questions" and "[Name] understands choices given to him and can follow simple instructions."

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy information was made available to people who used the service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Good

Is the service responsive?

Our findings

Care records we looked at were regularly reviewed and evaluated. A health and social care professional told us support plans were "always up to date". The service also had a 'Resident of the day' system in place, which focussed on the specific review of one person's care and support needs, in addition to the formal review process.

Each person's care record included important information about the person, such as next of kin, medical history and information about their background. We saw these had been written in consultation with the person who used the service and their family members. A family member told us, "All the risk assessments are done. We were involved in that."

People's care records were person-centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. The registered manager told us they had completed the 'My home life' course, which is about promoting the quality of life for those living, dying, visiting and working in a care home. They told us the learning from this course was used to ensure people were involved in their care, and were given choice and control in their daily lives. The registered manager told us, "In Ashton Grange we focus on the positive outcomes for people, and strive to build upon strengths and successes, adopting a philosophy to re-energise and engage people to challenge, develop and take forward plans and individual goals."

Support plans were in place and included personal care, skin integrity, mobility, communication, eating and drinking, medicines, safety, sleeping and rest, and end of life. Risk assessments were in place when appropriate. For example, one person was at risk of skin breakdown and had a skin integrity support plan and risk assessment in place. These described the pressure relieving equipment that was in use and the actions staff were to take to reduce the risk of skin breakdown. Community nurses visited daily to check the person's skin and their guidance was included in the care documentation.

People had end of life support plans in place. These described people's wishes for their end of life care such as what treatment the person wanted, where their preferred place of care was, who they wanted to be contacted and what was important to the person. If the person did not want to discuss, or was unable to discuss their wishes, this was documented. The registered manager had created boxes containing toiletries, drinks and snacks, which they provided to family members if they wanted to stay overnight with their relatives.

Daily records were maintained for each person who used the service. Records we saw were up to date.

We found the provider protected people from social isolation. Notice boards advertised activities and events at the home. For example, visiting entertainers, a reminiscence event, exercise sessions, and arts and crafts. We observed a visiting entertainer at the home and saw people and staff visibly enjoying themselves, singing and dancing. Some of the people who used the service went out each week to buy items to sell in the home's shop. Excursions included trips to the seaside, local parks and the theatre. People were consulted

about holidays and some people had been supported to go on a holiday to Berwick last year. The registered manager told us they were planning another holiday this year.

People had individual activity plans, which ensured activities were person-centred. For example, it was identified one person used to serve in the Royal Navy. DVDs of the navy were purchased and staff took the person to the sea front and the docks when ships were in port. The registered manager told us some staff came in on their day off to do this and it had made a "huge impact" on the person as they were more content and interacted more. The registered manager told us the staff were also happy that they had made a difference to this person, enabling them to do something that they were passionate about and enjoyed. Another person used to be a hairdresser and assisted the visiting hairdresser whenever they were in the home.

The registered manager had introduced the use of the Skype communication tool to the home. This was to support people whose family members lived abroad. The registered manager told us Skype was tested with success and people used it regularly to keep in touch with their loved ones. People and family members were positive about the use of Skype as it provided the comfort of seeing their relatives more often. The registered manager also told us people were supported to attend family celebrations. For example, staff voluntarily assisted people to attend weddings and parties, so that families could enjoy their relatives being there but did not have to worry as a member of staff was caring for them.

The provider had a 'Compliments, concerns and complaints' policy and we saw the procedure for making a complaint was on display in the home. There had been one formal complaint in the previous 12 months and we saw this had been appropriately dealt with. People and family members told us they knew how to make a complaint but didn't have any complaints to make. A family member told us, "If I have any complaints, I tell them and it gets done."

There had been a number of compliments received by the home. These included, "[Name] received excellent care from the lovely staff at the home, giving us that much needed reassurance that is so crucial when leaving a loved one's care in another's hands" and "The staff are excellent, nothing is a bother to them. They have a fantastic attitude and care for all the residents, family and friends."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since March 2013. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us, "We work as a team for the residents" and "It's a happy place to work." They told us about refurbishment plans they had for the home, including improvements to the communal lounges, garden areas and a new café room on the first floor. People and family members had been involved in the recent refurbishment of the first floor by choosing colours for carpets, chairs and pictures.

The registered manager continually strived to develop their knowledge and skills, and shared this learning with staff to ensure continuous improvement across the staff team. For example, they had enrolled on a clinical skills course at a local university. They told us this had provided additional learning in relation to clinical decisions with a particular focus on sepsis. During the course they researched the subject and completed a presentation. Upon completion of the course, they rolled out training sessions for staff to upskill and ensure awareness of the subject. They told us this increased staff knowledge about the signs and symptoms to look for and provided them with the skills and confidence to take swift action should they need to. For example, one person was showing signs of being disorientated, they were very lethargic and not eating well. Staff contacted the person's GP and following blood tests, the GP contacted the home to say the person had sepsis. The person's medication was changed and within a couple of days they started to improve. Due to staff being vigilant and having the additional knowledge, medical treatment was provided and hospital admission was prevented.

The service had recently received the NEWS (national early warning score) equipment, which is used to provide a more effective and timely responsive in terms of medical intervention. The registered manager told us training for staff in its use was arranged for 25 April 2018. The equipment would enable the service to monitor people's health and have information ready for healthcare professionals, potentially reducing hospital admissions or the need for a GP visit.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place monthly and annual staff surveys were carried out. Staff we spoke with felt supported by the management team. They told us, "It's a lovely home" and "She [registered manager] has an open door policy." Comments from the most recent staff survey included, "I feel supported by my manager and HC-One do have the residents at heart to provide the best and kindest care", "I would like to say both my manager and deputy give great support to me" and "I receive huge support from the deputy manager as well as the manager. Management always have time to listen and are approachable.

The registered manager told us they held small training groups to involve staff in what they had learnt. They used the 'My home life' toolkit in staff meetings to discuss different subjects. They told us staff were fully involved in this and supported each other to come up with different ideas to achieve the right outcome.

The service had good links with the local community. A 'Things to do' poster was on display in the home, which advertised events at local community centres, such as bingo, arts and crafts, a singing group and dominoes. The registered manager told us they had good links with the local church and nursery school who visited the home regularly.

The service had a positive culture that was person-centred and inclusive. The registered manager's availability was on display with a note that said, "If these hours are not convenient, please do not hesitate to contact me on the telephone number below to arrange a convenient time." Family members told us the registered manager was "approachable" and communication at the home was good.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider had a quality assurance framework in place. This included regular internal audits by senior management, which looked at the quality of care, feedback from people who used the service, care records and charts, medicines management, staffing, the premises, and the dining experience. Where issues were identified, actions were recorded on the home improvement plan. Regular audits were carried out by the registered manager and included infection control, catering, falls, health and safety, and care records. The registered manager conducted twice daily walkarounds of the service and held daily meetings with senior staff at the home to discuss any issues or actions.

Residents' meetings were held regularly and surveys were conducted of people who used the service, family members and visitors to gauge the quality of the service. Questions were asked relating to kindness, care, safety, food, the staff, cleanliness and overall management. Where any issues were identified, actions were put in place. For example, one comment was about the activities offered at the service. The registered manager responded by saying activities would be discussed at the residents' meeting to see what different activities people would like to take part in. We saw activities were on the agenda for the meeting in March 2018. Feedback was also obtained via an electronic tablet in the home's foyer. This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.