Statepalm Limited

Ascot House - Scunthorpe

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

Overall summary

This inspection took place over one day on 17 December 2014 and was unannounced. At our last inspection in November 2013 the service was meeting the regulations inspected.

Ascot House is registered to provide personal care and support to a maximum of 40 people, some of whom may be living with dementia. It is situated within walking distance of local facilities in the town centre and surrounding area.

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

Staff received training about the protection of vulnerable adults to ensure people who used the service were safeguarded from abuse. Staff were familiar with their roles and responsibilities for reporting safeguarding or whistleblowing concerns about the service.

Summary of findings

Recruitment checks were carried out on new staff to ensure they were safe to work with people who used the service and did not pose an identified risk to their wellbeing and safety.

A range of training was provided to enable staff to safely carry out their roles. Regular supervision and appraisals of staff skills were carried out to ensure individual staff performance was monitored and staff were able to develop their careers.

Information was available about the assessed needs of people who used the service to ensure staff supported and respected people's wishes and feelings concerning their treatment. Details about known risks to people were recorded and monitored, together with guidance for staff on how these were to be safely managed and people were supported to make informed decisions about their lives. Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

Staff demonstrated a positive understanding for the promotion of people's personal dignity and privacy, whilst involving them in making active choices about their lives.

A variety of opportunities were provided to people who used the service to engage and participate in meaningful activities.

People who had difficulty with making informed decisions were supported by staff who had received training about the promotion of people's human rights to ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were in their best interests.

Medicines were handled safely by staff and systems were in place to ensure people's medicines were appropriately stored.

Assessments about people's nutritional needs and associated risks were monitored with involvement of specialist health care professionals when this was required. People were able to make choices from a variety of nutritious and wholesome meals.

A complaints procedure was in place to enable people to raise concerns about the service. People's complaints were followed up and addressed and wherever possible resolved.

Regular management checks were carried out to assess the quality of the service people received and enable the identification of any changes when this was needed.

Summary of findings

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.

Staff had received training on the protection of vulnerable adults. Staff were familiar with their responsibility to safeguard people from potential harm and report any potential abuse they may witness or become aware of.

The registered provider followed safe recruitment procedures which ensured staff who worked with people were checked and did not pose a potential risk to them.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

People's care plans contained information and risk assessments about them to help staff support them safely.

People's medication was handled safely.

Is the service effective?

Good

The service was effective.

Staff had received training which helped them support the people who used the service which was updated regularly.

People who used the service were provided with a variety of wholesome meals and people's nutritional needs were monitored to ensure they were not placed at risk.

People were supported to make informed choices and decisions about their lives.

Is the service caring?

Good

The service was caring.

Staff demonstrated compassion and consideration for people's needs.

Staff engaged with people sensitively to ensure their privacy and personal dignity was respected.

People's right to make choices about their lives was respected.

Staff had positive relationships with people who used the service and understood their needs.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing.

Is the service responsive?

Good

The service was responsive.

A variety of opportunities were available for people to engage in meaningful social activities and follow their interests.

People's care plans contained information about their preferences and staff respected these.

Summary of findings

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when required.

People who used the service were able to make complaints and have these investigated and resolved, wherever possible.

Is the service well-led?

Good 

The service was well led.

People and their relatives were consulted and involved in decisions about how the service was run.

Regular management checks were carried out to assess the quality of the service people received and identify where any changes were needed.

Ascot House - Scunthorpe

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 registered 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 17 December 2014 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of supporting older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical issues the registered provider was not able to submit the PIR as requested, but we saw a completed copy of this was available in the home. The local authority safeguarding and quality performance teams were also contacted before the inspection, to ask them for their views about the service and whether they had any concerns. We also looked at the information we hold about the registered provider.

At the time of our inspection visit there were 34 people living at the home. During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with nine people who used the service, nine visiting relatives, five members of care staff, one senior care staff, ancillary staff, the deputy manager and the registered manager. We also spoke with a district nurse and a vicar who was visiting.

We looked at five care files belonging to people who used the service, five staff records and a selection of documentation relating to the management and running of the service.

Good

Is the service safe?

Our findings

People who used the service told us that overall they felt safe in the home. One person did tell us, "One night a man (resident) came in my bedroom" but went on to say "They (staff) got him out, no fuss or anything… there's always someone there all night." A relative told us their member of family was, "Safe here, they know how to deal with dementia", other visiting relatives told us they felt the home provided a safe environment in which to live.

We saw that policies and procedures were available to guide staff about the protection of vulnerable adults that were aligned with the local authority's guidance for reporting potential concerns or possible abuse. We found staff were provided with regular training about safeguarding vulnerable adults, to ensure they were familiar with their roles and responsibilities for reporting potential abuse or raising whistleblowing concerns about the service. We saw the registered manager had acted promptly following an allegation that had recently been made and taken appropriate disciplinary action. We found the registered manager had notified both the Care Quality Commission (CQC) and the Local Authority when required, to enable potential safeguarding concerns to be investigated. The local authority informed us prior to our inspection visit the service had co-operated with them well to resolve issues when needed, to ensure people who used the service were protected from avoidable harm.

There was evidence in staff files that new employees were checked before being allowed to commence work in the home, to ensure they did not pose a risk to people who used the service. We saw evidence that recruitment checks included obtaining clearance from the Disclosure and Barring Service (DBS) about past criminal convictions and to ensure the applicant was not included on an official list that barred people from working with vulnerable adults. We saw that references were appropriately followed up before an offer of employment was made, together with checks of the applicant's personal identity and past employment experience, to highlight unexplained gaps in their work history.

We observed staff monitored the behaviours of people who may challenge the service and acted promptly when this was required, with provision of sensitive reassurance and support, to ensure people's wellbeing was safety managed.

We saw staff engaging positively with people and involving them in day to day decisions and choices, to ensure their wishes and feelings were respected and their human rights were promoted.

There was evidence in people's care files of assessments about known risks to them, together with guidance for staff on how these were managed to ensure people were kept safe from harm.

We found that staffing levels were assessed according to the individual needs and dependencies of the people who used the service; to ensure there were sufficient numbers of staff available and deployed to areas and at times of greatest need. Care staff told that staffing levels were overall good, although one told us they felt there were sometimes, "Not enough staff, but I accept that's common in care homes," whilst another commented, "Staffing levels are ok", "If two carers are needed then it is always two carers – so is safe."

People who used the service and their relatives told us they felt medication was managed well by the staff and provided at regular times and when it was required. One person told us, "They bring my tablets when it's time" whilst another said "I take 5 or 6 tablets 4 or 5 times a day – the girl brings it and I have it". A visiting relative told us, "Medication is handled very well, xxx has complained far less about pain since being here, they have managed to reduce pain control."

We observed a carer administering medication to people and saw this was carried out sensitively and with patience, involving the carer sitting down next to people and encouraging them to take their medicines and ensuring these were swallowed before moving on. We found staff responsible for administering medication were provided with training that was renewed on a regular basis, to ensure they were able to safely carry this role. We also found regular audits of medication and staff competency and skills in this regard took place, to enable potential errors to be promptly recognised and acted on in order to minimise future mistakes. We observed that medication was securely stored and that accurate records were kept for medicines given to people that corresponded with a random check we made of the medication stocks in the home.

We observed the building was well maintained and regularly checks made of equipment to ensure they were safe for people to use. A relative told us they visited

Good

Is the service safe?

regularly and that the home was, “Pretty well run, clean and looked inviting.” We found a contingency plan was available for use in emergency situations and that fire training was provided to staff and fire drills took place as required.

Good

Is the service effective?

Our findings

People who used the service and their relatives were very positive about that care and attention that was provided. One person told us, "Staff are very friendly, always knock on the door before coming in." A visiting relative said, "XXXX is always clean and tidy, they take note of things she needs, how she looks and she is always well presented." Another told us, "If they have any concerns, (however) minor, they ring me and keep me up to date."

We observed that people were provided with and had access to a choice of a variety of home cooked meals from a rotating menu to ensure their nutritional and hydration needs were supported appropriately. One person told us they usually ate in their room but did say, "I go down to the dining room for anything special." They said they had, "A choice of two options" and told us they were provided with plenty of food. They also said, "I get enough…sometimes more than enough." One other person told us, "Food's not bad, but not really a choice."

We observed the day's lunch time meal of a choice of mince beef or fish and it looked appetising, hot and well presented. We saw that people were able to make changes to their original choice and that their new preferences were accommodated where required.

We observed people's dining experience was provided in a dining room that was bright and airy, with clean and well laid tables and Christmas music playing quietly in the background. We saw that people were all asked where they wanted to sit and encouraged to have drinks in a kind and friendly manner, with support provided in a respectful and non-patronising way with a great deal of social interaction and appropriate touching between people and staff. We saw that staff worked well as a team and, whilst busy, all staff took time to engage with people, getting down to their level, providing assistance patiently and at their own pace.

We observed that whilst the atmosphere at lunch was friendly and social interaction was good, the first meals were not served until 12.35pm which meant that some people had been waiting at tables for over thirty minutes. We spoke the registered manager about this and were assured they would take action to address this issue. We saw evidence in people's care files the nutritional needs of people were carefully monitored with assessments about this and regular recording of weight and involvement of community professional where this was required. We observed the cook taking toast to a person's room in the middle of the afternoon. They told us "XXX has been ill and not had any lunch but felt a bit hungry now."

Care staff we spoke with were very positive about the training they received. We saw evidence this involved them undertaking a range of courses linked to a nationally recognised training organisation that were considered essential by the registered provider. Staff training was regularly updated and refreshed. This ensured staff were equipped with the skills needed to safely carry out their roles and enabled them to work to recognised standards. A member of care staff told us, "I have had loads of training, about three sessions." Another member of staff who had worked for five months at the service told us they had received three training sessions. Care staff also told us they completed a period of working alongside more experienced staff before being able to work alone, to ensure they were confident and able to safely carry out their duties. We observed a group of care staff involved in a regular meeting with a senior member of staff, jointly discussing their understanding of what they had learnt from recent training they had completed. The care staff appeared confident and knowledgeable and engaged.

We saw evidence that training included a range of courses on moving and handling, first aid, infection control, safeguarding vulnerable adults, food safety, the Mental Capacity Act 2005 (MCA) and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. We found a programme was in place for staff to undertake nationally recognised qualifications and saw evidence in staff files of meetings with senior staff to enable their performance to be regularly monitored and skills to be appraised to ensure they were clear about their roles and responsibilities and enable them to develop their careers. A member of care staff told us, the service was, "This is the best home I've worked for everything, staffing levels, management."

We saw evidence that training about the Mental Capacity Act 2005 (MCA) had been provided to ensure people's human rights were upheld and respected and staff were aware of their professional responsibilities in this regard. Staff who we spoke with demonstrated a good understanding of the principles of how MCA was used in practice, together with the use of Deprivation of Liberty Safeguards (DoLS) when this was required. The Care

Good

Is the service effective?

Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity to make informed decisions about the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, it is done in the least restrictive way and is in their best interests. We saw evidence that two DoLS had been authorised by the local authority Supervisory Body at the time of our visit, and that the registered manager had informed us about these, however, we saw evidence the registered manager was still awaiting a formal decision in relation to others they had requested.

There was evidence in people's care files about the promotion of their human rights and that they were supported with making anticipatory decisions about the end of their lives. We saw that some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was clearly documented in the front of their care files.

People's care files contained information about their individual health and medical needs, together with evidence of ongoing monitoring and involvement from a range of health professionals, such as GPs, district and specialist nurses to ensure people's wellbeing was promoted. A district nurse who was visiting confirmed they had had no concerns about the service, whilst visiting relatives told us they were satisfied with the way support was provided and that staff took prompt action when this was required. A relative told us, "When my mother banged her head staff sent for an ambulance immediately and rang me straight away to go to hospital."

Throughout our inspection we observed staff engaging and consulting with people in a considerate and courteous manner and to ensure their needs were effectively met and their dignity was respected. We saw use of environmental tools and equipment, such as signage and pictures to help and assist people with dementia or memory related impairments to orientate themselves around the building in order to maximise their independence and help them to feel in control of their lives. We saw evidence a refurbishment plan was in place to ensure equipment and fittings were replaced when required and were told this had recently involved new furnishings being obtained.

Despite staff telling us that management were very strict about the maintenance of appropriate staffing levels, we observed two care staff failing to follow the correct moving and handling assessment procedures for a person on one occasion, when a wheelchair was required. We spoke with the registered manager about this who confirmed they would address this issue with the individual members of staff concerned.

Good

Is the service caring?

Our findings

A visitor stated, "The whole atmosphere is very friendly." A person who used the service said, "The home is very nice, it feels as if this is my home." A woman visiting their husband told us, "I chose this place because it is physically like home, a family home." Another visitor commented, "I am really pleased with the way they look after her (their wife)….she's always telling me they look after her well" and another commented "We have nothing to say wrong about this place - Girls are always nice." They went on to say "I've seen the staff with other people and I think they are marvellous – it can't be easy." One visitor whose relative had recently died in the home confirmed their involvement in making decisions about the support that was provided. They told us they had been, "Fully involved in the care plan and end of life plan" and commented, "They looked after xxxx at the end of her life and couldn't do enough. Silly things like when xxxx was close to death they were still giving her a manicure, the small things were important."

We observed staff demonstrated a positive regard for what mattered and was important to people who used the service and treated them with compassion and kindness. We saw that staff were attentive to the differing needs of people who used the service and observed them providing support sensitively to ensure people's wishes and feelings were met. We saw a member of the care staff provided reassurance and comfort to a person who was obviously distressed and this was carried out in a caring and friendly way. We also observed staff responding positively with people in a respectful manner. We saw care staff deal kindly with inappropriate behaviour shown by a person using the service by talking gently with them in a low key but firm manner, to ensure their personal dignity was promoted and protected. We observed a member of the care staff get down to the eye level of a person who was confused and trying to drink from an empty beaker and assisted them in a supportive way. This demonstrated staff showed concern for meaningfully promoting people's wellbeing, and promptly responding to relieve their distress or discomfort.

People's care files contained information about their personal preferences and likes, together with details about their past histories in order to help staff understand and promote their individual needs. There was evidence in people's care files of their involvement in reviews and decisions about their support. We found that staff had responsibilities for meeting particular people's needs and spent individual time with them to ensure their wishes and feelings were positively promoted.

We saw that information was available on the use advocacy services to enable people to have access to independent sources of advice and support. There was evidence that regular meetings were held with people who used the service and their relatives, to enable their involvement in decisions about the home. Relatives told us they were encouraged and able to freely visit and participate in the life of the home. One visitor told us "I can come anytime I like and they told me I can stay for dinner if I like, I haven't yet though." Another visitor said "We get tea and biscuits when we come, it's open visiting." We observed several visitors being asked by staff if they wanted drinks or biscuits on their arrival.

Staff told us that people's wishes for privacy were upheld and observed that information about people was securely kept in the office to ensure their confidentiality was maintained. We saw that people were able to spend time in their own rooms and observed people's personal choices about their support was positively promoted, such as decisions about times to get up or go to bed. A member of staff said, "Of course people can get up when they like, it's their home."

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us that overall they had no complaints. One person told us they had, "No problems", whilst another said, "They all seem friendly. I could talk to them if I had a problem." We were told the service was responsive to meeting people's medical needs and referred to outside agencies, including GPs and hospital appropriately. One person told us, "I'm well looked after. I had a single bed and I fell out. I've got a double bed now." They also said, "I fell out of bed and just caught the side of my eye, there was no need but they took me to hospital." One person who used the service told us, "Every six months I go to Lynne's office for a review of my care plan and I have that in my room." A visiting relative commented, "We have quite regular care plan meetings and if any changes these go immediately into the plan."

We found the service placed an importance on meeting people's individual needs. We saw that bedroom doors had people's name signs on them and were decorated with personal photos and pictures, together with signs to help direct people around the home. People told us they were able to bring items of personal belongings and furniture with them to help them to personalise their rooms and feel at home. We observed a variety of well-presented, clear notices on display detailing activities for people to participate in, together with newsletters giving details of past events and celebrations. We found a number of regular weekly activities took place, including in house events and trips out. We observed these had recently included quiz evenings with sherry and nibbles, pyjama days, visits to a school nativity and trips around the town and local villages to see the Christmas lights.

We found that activities were supported by a dedicated member of staff with assistance from other care staff and the deputy manager and that these aimed to ensure everyone had opportunities to participate in meaningful and stimulating social events. One person told us the activity co-ordinator was, "Very good, she always asks you what you want to do," whilst another person who liked to stay in their room said they, "Comes and does things in my room with me." We were then showed a photo frame they had had made with activity co-ordinator. We observed two men playing giant snakes and ladders with the activity co-ordinator and were told by them they were hoping to organise more male orientated activities such as trips out to the local steel works.

There was evidence in people's care files of a person centred approach concerning the delivery of their support, together with reviews and liaison with a range of community health professionals when this required to ensure their involvement with changes of people's needs. A district nurse who was visiting told us staff were good at following their advice and acted promptly to ensure people's health needs were met. A relative who was visiting told us their mother had been subject to a number of falls from their bed. They told us, "Lynne (registered manager) is ordering a bed edge sensor" and continued, "Lynne is always trying to help."

We found that the service had a complaints policy and procedure to ensure the concerns of people who used the service were listened to. We saw that a copy of this was displayed in the service. People and their relatives told us they knew how to raise a complaint, but were overall satisfied with the service they received and were confident any concerns would be listened to and addressed. One person who said they had, "No concerns - Lynne is friendly enough; I think I could go to her" whilst a relative commented, "There was a hygiene thing – I mentioned it to Lynne and I know she will deal with it." We saw evidence the registered manager took action to investigate and resolve complaints and used them as an opportunity for learning and improving the service. We saw evidence that concerns had been followed up with people by the registered manager, to ensure they were kept informed of the outcome of their investigation.

Good

Is the service well-led?

Our findings

Visiting relatives indicated the registered manager promoted a positive culture that was open and inclusive. One relative told us, “Lynne is very approachable and always takes time to talk” whilst another said “Lynne is always available. A member of staff commented “the manager’s door is open 24/7; she always gives me time and explains things.”

There was evidence the registered manager took their role seriously and understood the need for involving people who used the service, their relatives and staff to enable the service to develop and learn from past experience. We saw information about the home was available in the form of a statement of purpose and a service user guide; this enabled people to make informed decisions about the service. We saw evidence of regular meetings with people who used the service and their relatives, together with newsletters about recent events; this showed that people had been consulted and could participate in decisions concerning how the service was run. We saw that surveys of people who used the service, their relatives and staff were used by the registered manager to enable them to contribute their views and share ideas about the quality of the service provided.

Staff were very positive about the registered manager, who, they said, listened to their views whilst supporting them to carry out their roles. One member of staff gave us an example of when they had raised a concern about staffing levels on a particular day and the registered manager had rectified this issue immediately.

We saw evidence of regular meetings with staff to enable the registered manager to provide clear communication, direction and leadership. There was evidence in staff files of regular supervision meetings to discuss individual staff performance related issues and ensure they were clear about their professional responsibilities and what was expected of them. We saw evidence the service placed values, such as kindness, compassion, dignity and respect into practice. A visitor told us they were, “Very happy with the home and Lynne is very supportive.” We later saw the registered manager quietly spending time with this person to ensure they were reassured and there were no problems with the service provided.

We saw a variety of systems were used by the registered provider to enable the quality of the service people received to be assessed and ensure the home and the staff were well led. We saw evidence of regular visits from senior staff from the registered provider’s company, together with reports on key performance indicators such as incidents and accidents, staff training and complaints, together with audits of medicines, people’s care records, the environment and safety issues. This enabled trends and patterns to be analysed; enable improvements to be implemented and ensured people’s health and wellbeing was monitored. There was evidence the registered manager was clear about their responsibilities and had appropriately notified the Care Quality Commission of issues that affected the health and welfare of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.