

# Maviswood Limited

# Ashingdon Hall

## Inspection report

Ashingdon Hall Residential Care Home  
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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

The Inspection took place on the 7 and 8 June 2016.

Ashingdon Hall provides accommodation and personal care without nursing for up to 18 persons some of whom may be living with dementia. At the time of our inspection 15 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with the law regarding DoLS and made referrals appropriately.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse, mental health team and palliative care nurse.

Staff were well trained and attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service and in the community. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager and provider held regular meetings with people and their relatives and used questionnaires to gain feedback. The manager carried out quality monitoring to help ensure the service was running effectively and to make improvements.

## 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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed when people required it.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being

needs. People were supported to access activities in the local community.

Complaints and concerns were responded to and thoroughly investigated in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

# Ashingdon Hall

## **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 the 7 and 8 June 2016 and was unannounced. The inspection team consisted of one inspector.

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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

During our inspection we spoke with eight people, two relatives, the manager, and four care staff. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service, one person said, "It's better for me here, I was only just managing at home, I feel safe here." Another person said, "There couldn't be a better place, it's wonderful."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I had any concerns I would talk to the person and make sure they were okay. I would report anything to the manager or owner, if not dealt with I would go to social services or the CQC." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. The manager clearly displayed information on a service called 'Ask Sal' which is an independent helpline for staff, people or relatives to call if they had any safeguarding concerns. In addition the manager displayed the name and contact of the organisations safeguarding lead who staff could call to discuss any concerns. From minutes of resident meetings we saw the provider and manager discussed with people about how to safeguard themselves and their property and encouraged them to raise any concerns they may have. The manager and provider knew how to report safeguarding concerns to the local authority and were willing to work with them to investigate fully and resolve any issues.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. A member of staff said, "We have risk assessments in place to make sure everyone is safe, we have a duty of care for the safety and wellbeing of all residents." These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, risk's when using the shower, moving and handling, nutrition and weight assessments, and risks of burns or scolds when making drinks independently. Staff were trained in first aid and should there be a medical emergency, they knew to call a doctor or paramedic if required. The manager told us, "All the staff are trained in first aid, depending on the problem we would call 111 or in an emergency call 999."

People were cared for in a safe environment. The manager employed a health and safety person who was also responsible for general maintenance. The health and safety person completed regular checks and ensured equipment used was in a good state of repair, they also ensured certificates were in place for the maintenance of equipment used such as the lift and fire equipment. In addition the health and safety person held regular fire evacuation drills to make sure staff and people knew what to do in the event of a fire emergency. The manager arranged for the on-going redecoration of the service they told us that they were currently arranging to have new carpet fitted. For specialist repairs the manager arranged for external contractors to complete work such as electricians or carpenters. In the event of a major emergency that affected the running of the service the manager had an emergency contingency plan in place. This plan included having a grab bag containing important information needed to support people and an alternative location identified should there need to be an evacuation.

There were sufficient staff to meet people's needs. A member of staff told us, "Staffing is good, for example if somebody is bedbound or poorly we have more staff." Another member of staff said, "I feel like we have enough staff, I have enough time without feeling rushed." People told us that there were enough staff at the

service, one person said, "There is always staff around." Another person said, "If I use my buzzer the staff come quickly."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A member of staff told us, "I heard about the job from a friend, so I came and had a look around and met the manager. I completed an application form then had an interview."

People received their medications as prescribed. One person told us, "I get my medication in the morning and evening, the staff give it to me." Senior carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. We saw that medication had been correctly recorded on the medication administration cards. To reduce medication errors the manager had put a number of systems in place, for example staff wore a 'do not disturb' tabard whilst dispensing medication. Also a number of audits of medication was being completed daily and monthly to check medication had been dispensed correctly. The manager had held a number of meetings with staff to discuss medication practices and all staff had received refresher training in medication.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "I enrolled to complete my NVQ level 3 yesterday." People we spoke with all said they felt the staff were well trained and good at their jobs.

The manager was very keen that staff were kept up to date and received regular training. Training was delivered on site where possible by trainers, but staff also attended training provided by the local council and other providers off site. One member of staff said, "We have all recently completed our mandatory training, we do some on line then it is backed up by face to face training." The manager and provider placed a great deal of importance on staff having as many training opportunities as possible. The manager told us that all staff had completed the Care Certificate not just new staff, this is an industry recognised award for people working in care. In addition staff had completed specialist training courses to help them support people's individual needs, such as stoma care, catheter care and a virtual dementia course. The manager told us that they implemented ideas and learning from the courses they said, "We learned about how the noise level can affect people with dementia so we are really mindful now that some residents may not like being around a lot of noise. Also for one resident we are trailing them eating their food of a coloured plate as this can help them identify and see the food better."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. A new staff member said, "When I first started I went through policies and paperwork then I worked with other staff 'shadowing' for a few shifts and have updated training." The manager told us that staff had a robust induction at the service and that new staff were closely monitored and supported throughout their induction. In addition staff told us they had regular supervision and observations of their practice, staff meetings and yearly appraisals

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. For example staff knew when people liked to get up in the mornings and where they liked to spend their time during the day. One member of staff told us, "This is their home so they spend their time how they wish too; we make sure we support everyone and offer choice if needed." People at the service mostly had the capacity to make their own decisions, care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. This told us people's rights were being protected.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act and had followed these applications up with the local council to ensure they were being processed. This told us people's rights were being safeguarded.

People said they had enough food and choice about what they liked to eat. Everyone we spoke with was very complimentary about the food at the service. Comments included, "The food is marvellous." And "The food is very good." We saw that the menus were planned for the week and were displayed for people to see with options to choose from. All the food was cooked fresh each day at the service. We saw from minutes of meetings that people were asked for their feedback about the food and were asked if they wanted anything added to the menus.

We observed a lunchtime meal, which was a social occasion, with people sitting together and chatting. People gave positive feedback about the food to the cook. We noted staff sat and ate with people adding to the social feeling of the meal. We saw where one person did not want what was on the menu staff gave them choice of other food and made this for them to eat.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight monthly for signs of loss or gains and made referrals where appropriate. Staff told us that where one person had lost weight recently they encouraged them to eat by offering lots of different food and by encouraging them to have a small amount at a time. Staff also where appropriate made sure food was fortified with nutritional shakes and powders to encourage weight gain.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, palliative care nurses, mental health nurses, chiropodist and GPs. People told us that the staff were good at contacting the GP if they needed to see them, one person said, "When I had a pain in my knee they called the GP to see me." The manager has also arranged with the GP to come to the service weekly to carry out reviews on people. In addition the district nurse attends and completes a full nursing assessment on people new to the service.

We spoke with two healthcare professionals who both gave positive feedback about the service. One healthcare professional said, "They give brilliant care, the staff are fab with people, I would recommend this home and I have."

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## Is the service caring?

### Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. One person said, "The staff are fantastic." Another person said, "The staff are very kind and caring, I am very happy here." A relative said, "The care is excellent, the staff couldn't do anymore."

The service had a very calm and relaxed environment. We saw that staff were open and friendly with people, throughout our inspection. Staff were unrushed in their interaction with people and took time to make sure their needs were met. For example staff would not walk past people without engaging in conversation. We observed that staff stopped and talked to people making eye contact and adjusting themselves to the person's eye level to see if they could give them any assistance. People and staff showed a genuine fondness of each other and we saw staff giving people hugs and people holding staff hands or linking arms when walking together. We also saw people sharing jokes with staff in friendly banter. One person said, "I am very happy here, I am pleased where I have ended up for the end of my days."

Staff knew people well including their preferences for care and their personal histories. The service had 'This is me' documentation in people's notes and rooms which told the story of their life and described what is important to them and how they liked to be supported. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out every day activities for example when they liked to go to bed and when they liked to get up. One person told us, "I prefer to stay in my room and listen to Jazz." Another person said, "I prefer to stay in my room but the staff encourage me to come and socialise as they worry I will be lonely." We saw that staff respected the person's wishes but that they also encouraged them to socialise with others at least once a day or at meal times so that they did not become isolated.

People and their relatives were actively involved in making decisions about their care. One person said, "I have a care plan, it has everything on there about me and what I like." A relative told us, "The staff are very good at communicating about any care needs." The manager told us that senior staff reviewed the care plans each month and every six months the manager met with people and relatives to review their care. We saw evidence of this in care folders and saw how the manager had discussed with people their wishes for the end of their life and acted upon these wishes. The manager supported people if they required with an advocate. In addition one person had been assisted with a befriender, who they received regular visits from.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. We saw that people took pride in their appearance and staff supported them with this, one person showed us how staff had manicured and painted their nails. People also told us how they have regular access to a hairdresser one person said, "I see the hairdresser every Saturday." Staff supported people to buy clothes and to go shopping when they needed to, one person said, "[Staff name] takes me to the high street when I want to buy new clothes."

People's diverse needs were respected. People had access to individual religious support should they require this. One person told us, "I regularly go to church." The manager also arranged for a minister to visit the service. The manager told us that the staff were very proud that they had fully respected a person religious beliefs whilst they were receiving end of life care with them, which they felt made their passing as they had wished it to be. In addition they had supported the person's family to be with them by staying at the service during the person's final days. This showed the service worked towards respecting people's individual and diverse needs.

The service was spacious with plenty of room for people to receive visitors. Relatives told us they visited at all different times of the day without any restrictions of visiting times. One relative said, "I stayed for three days once, the staff looked after me just as well as [person's relative]."

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. The manager invited people and their relatives to view the service and stay for a meal to help them decide if they wanted to come and live there. One relative told us, "We came for lunch and then for a month's trial and stayed after that." One person told us, "I moved in with my husband initially and stayed." People and their relatives told us that care needs were discussed with staff and that the service was able to meet the care needs that they had. Staff told us that they were key workers to people; this meant that they were specifically involved in planning people's care. People knew who their key worker was one said, "My key worker helps me keep my room tidy and they will do any shopping I need, sometimes we go out together." The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. The manager was very prompt at getting support from allied health professionals when people required it. In addition as people's needs have changed the manager has worked at helping people to maintain their independence. For example where one person had become unsteady on their feet in addition to getting support from the falls team, they had made the person's environment safer by adding cushioning to sharp corners in their room and by providing a pressure mat. The pressure mat sounds an alarm if the person gets out of bed at night, this will alert the staff so that they can check that they are alright. The manager has also arranged for people to carry pendant alarms when accessing the garden, these are call bells that alert staff should people require assistance. By wearing the pendant alarms this means people can spend time in the large gardens but still be able to notify staff if they require assistance.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. The service employed an activities person to support people with social activities and hobbies. One person told us, "I like doing spelling or quiz's anything that keeps your mind going like general knowledge." Other people told us how they still enjoyed their independence and going out to various activities. We saw people were also supported to go to a social club for older people two or three times a week. One person told us, "I used to work at the club, now I sometimes go and join in activities." The activity person told us that they supported people individually or spent time talking with people as well as organising group activities for people to join in with if they wished. The manager also arranged for external entertainers to come to the service every three weeks and for a therapy dog to visit. People told us that they had enough to do to keep them occupied and we saw plenty of books, magazines and newspapers that people were reading.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. We saw where a complaint had been made this had been thoroughly investigated by the manager with very detailed notes kept of the investigation and actions they had taken to respond to the complaint. We spoke with one person who had raised a complaint and they told us that the manager and provider had done everything they could to resolve the complaint.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue. People and relatives we spoke with all said they had no complaints, but if they did they would speak with the manager. The service also received a number of compliments, one read, 'You are all very caring and loving thanks for all you do.'

## Is the service well-led?

### Our findings

The service had a registered manager who was very visible within the service. The manager had a very good knowledge of all the people living there and their relatives. People, their relatives and staff were very complimentary of the manager and provider. One person said, "The [provider's name] does a fantastic job, they are always around." A relative told us, "The manager is very good, they sort out anything you ask them very promptly."

Staff shared the manager's vision and values at the service, one member of staff told us, "We want people to feel like your mum and dad and be part of a family." Another member of staff said, "We care for everyone, make sure they are happy and well looked after like a big family."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We all work well together, we communicate with each other and know what we are doing." Staff had supervision and meetings to discuss people's care and the running of the service. One member of staff said, "We have regular supervision to see how we are getting on or if we need any training, and talk about the residents." Staff felt the manager was very supportive to their roles, one member of staff said, "The manager is very fair, we are not frightened to voice our opinions." Another member of staff said, "We share ideas with the manager to come together with better ways of working." Staff felt the manager listened to their ideas and suggestions on the way the service was run. One member of staff told us how they suggested the garden fence was extended so that people could spend time in the garden safely unsupervised and this was done. Staff had a handover meeting between each shift, to discuss any care needs or concerns that have happened, they also used communication sheets to keep up to date. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. In addition to this the manager and provider held meetings with people and their relatives every two months. We saw from minutes of the meetings that people's feedback was sought on the menus, activities and the general running of the service. These meetings were also used to discuss general issues such as how people can make a complaint or how they can keep themselves safe. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. The manager followed their disciplinary procedures and dealt with staff poor performance appropriately. Staff understood the need to maintain confidentiality and information was stored within locked offices.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans, medication management and the environment. In addition to this the provider had an independent audit

completed twice a year of the service to check the service was running well and to identify if any improvements were required to be made. They used this information as appropriate to improve the care people received.