

Maviswood Limited

Ashingdon Hall

Inspection report

Ashingdon Hall Residential Care Home
Church Road, Ashingdon
Rochford
Essex
SS4 3HZ

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06 November 2018

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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

Ashingdon Hall is a residential care home for up to 18 people Some of whom may be living with dementia. At the time of our inspection 16 people were using the service. Ashingdon Hall is a grade two listed building with extensive and well maintained gardens. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection the registered manager had just left the service. The provider had recently appointed a day manager to oversee the day to day running of the service. Another manager who was the registered manager for another of the providers services was in the process of applying to become the registered manager. The other service was quite local and they would visit Ashingdon Hall frequently. In the report we will refer to the day manager as 'day manager' and the prospective registered manager as '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.

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them.

Risk assessments were thorough and personalised. However, we did identify two risks that had not been fully explored within care plans. The manager actioned this immediately and sent us the information required following the inspection. The service had just acquired an electronic care planning and scheduling system and paper care plans and risk assessments were in the process of being uploaded to the electronic system.

Staffing levels were meeting the needs of the people who used the service. Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. Recruitment practices were safe and records confirmed this.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly. However, on the day of inspection the manager had identified an error and following this inspection they sent us full

details of the actions they had taken.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences. 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.

Positive relationships were formed between staff and the people who used the service and staff demonstrated how they knew the people they cared for well. People who used the service and their relatives told us staff were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs. Concerns and complaints were listened to and records confirmed this.

People who used the service, their relatives and staff spoke highly of the management team and told us they felt supported. Quality assurance practices were taking place regularly.

Further information is in the detailed findings below

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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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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.

The inspection took place on 06 November 2018 and was unannounced. The inspection team consisted of one inspector.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. The provider had completed a 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.

During our inspection we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people, one relative, two managers and two senior staff one who was working as a care worker. We reviewed two care files, two staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff were knowledgeable about what to do to if they had concerns about people's safety. Records showed any safeguarding concerns were recorded and reported to the local authority and Care Quality Commission (CQC) when necessary.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, mobility, pressure care and falls. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe. However, during the inspection we did identify not all upstairs windows had restrictors in place and care plans were not always clear about the risk of an open staircases for people living on the first floor particularly people with dementia. When we discussed this with the day manager they told us this risk had been mitigated for people and controls included alert mats and door alarms, also some people with bedrooms on the first floor were fully independent and able to use the lift or the stairs. We could see alert mats and door alarms were in place for people that had a risk of falls but this did not always specifically refer to the open staircase.

Following this inspection, the manager sent us information that restrictors had been fitted to all upstairs windows and all care plans now identified if the open staircase posed a risk to people with bedrooms upstairs and what controls were in place to mitigate this risk.

Each person had a personal evacuation plan in place. The service routinely completed a range of safety checks and audits such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, and water temperature checks as well as infection control practices.

The service made sure there were sufficient numbers of suitable staff to support people. During our inspection we observed staffing levels were meeting the needs of people and there was always someone available to provide support. One person said, "There seems to be enough." A relative said, "Yes there is enough, they are busy but definitely enough to meet people's needs."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character.

Medicines were managed and stored safely. Audits were taking place to ensure medicine records were up to date and correct and all staff received the appropriate training prior to administering medicines. The manager had already identified an error on the day of our visit and took the appropriate action.

Infection control practices were in place and when we looked around the service we found it continued to

be clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

Accidents and incidents were recorded and we saw instances of this where the day manager kept a summary of all incidents and the actions taken. The day manager looked at this information to identify any themes or trends to prevent a reoccurrence. This information was not always in the same place and the new electronic system would mean the information would be easier to analyse.

Is the service effective?

Our findings

People had received a full assessment of their needs on their admission to the service. Following assessment the service had produced a plan of care for staff to follow. We saw people had signed consent forms confirming they agreed with the support to be provided. We found the records were consistent and staff provided support that had been agreed with each person. A relative told us, "I arrived here unannounced and the door was opened with a smile. [Family member] has thrived due to the care and support from here."

Staff received regular training that was relevant to their role. Training included moving and handling, fire safety, first aid, infection control, nutrition and safeguarding. We saw training was sourced to meet specific needs of the people living in the service such as dementia training, sepsis and pressure ulcer care. A member of staff told us, "Starting work here was a lovely experience as I previously worked in a bigger home. I did the induction here and shadowed other staff while they assessed my competency and I was able to get to know how people liked things done." Another staff member said, "The training is very good."

Staff were supported with supervision and appraisals. A staff member said, "We have a lot of one to ones, more when we first start."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations.

Staff we spoke with understood the principles of this legislation and were clear that even though people may be living with dementia, they all could make some decisions and that this should be encouraged and upheld. One staff member said, "We use individual choices and preferences, I will use visual choices for some people, whilst others are able to make day to day choices more easily."

People were supported to have enough to eat and drink in line with their preferences. We observed drinks and snacks were provided throughout the day in communal and bedroom areas. People were very positive about the food. One person said, "Food is good, I have no complaints plenty to eat and drink here." Another person gave me the thumbs up when asked about the food.

People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals

when necessary.

The environment was very homely and although an old building and not purpose built people were relaxed and comfortable in communal spaces. A relative said, "When I walked in it reminded me of [family members] house and I knew this was the place for them." The day manager informed us there was plans to replace more of the carpets in the service and sent us information related to these replacements.

Is the service caring?

Our findings

During our inspection we observed positive and caring interactions between staff and people who used the service. People were comfortable and relaxed chatting with either each other or staff. One person had just come back from walking to the shop and then sat in a quieter area of the service. One person said, "It is very nice here, staff are all nice people." Another person said, "I am content and staff are wonderful." A relative said, "Fantastic place and staff are very supportive, I chat to them all."

A member of staff described the service as being like a family home. They said, "The family feeling here struck me immediately." Another member of staff said, "It is a lovely home and residents are lovely."

People's privacy, dignity and independence were respected and promoted. We observed staff knocked on people's bedroom doors and called them by their preferred name. A relative said, "[Family member] is supported with baths and showers and likes to do as much as they can when dressing but staff support them with anything if they are struggling."

Care plans seen confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for.

The service had policies and procedures in place that gave guidance to staff in line with the Equality Act 2010. Staff had received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. Throughout the inspection we observed the daily routines and practices within the service and found people were treated equally and their human rights were respected.

Is the service responsive?

Our findings

Care plans were personalised and contained information about people's care needs and preferences. The service had recently acquired an electronic system and were in the process of putting care plans on this system. The day manager gave us a demonstration of how this system worked which would give the management team more oversight of care plans and associated monitoring forms. Staff would have hand held devices to enable them to record information in a timely manner, and managers would receive an alert if this information was not recorded at the appropriate time. For example, turning charts, food and fluid charts and welfare checks.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support as required.

People who lived at the service told us they were happy with the activities organised for their entertainment. These included arm chair exercises, quizzes, bingo, craft and trips out. One person said, "One of the staff delivering activities is involved in amateur dramatics and we went to a show, the staff took us and we had sandwiches and cake, it was good." Another person said, "There is lots going on if you want it but I go out to town and I have my Jazz and I read, it's enough for me." During the inspection we observed a quiz being held, people laughed and joked with staff and each other as they joined in answering the questions.

A notice was displayed in the service advertising the service could connect people with relatives and friends using 'skype' if they wanted this.

The service had a complaints procedure in place and included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. A relative said, "I have not needed to make a complaint but I would talk to [named day manager] if I had a grumble and they sort it out straight way."

The service supported people at the end of their life to have a comfortable, dignified pain free death. This was reflected within people's care plans and people were supported to make choices about their death and the plans they wished to implement before dying. The service had recently asked people and relatives to fill out a questionnaire to make sure the information they had recorded was still current. The day manager told us when they had a person receiving palliative care the community palliative nurse visited the service frequently to offer support. A member of staff said, "[Palliative nurse] is excellent, I also see them at people's funerals."

Is the service well-led?

Our findings

People, relatives and staff were aware of the recent changes to the management team. The registered manager had recently left the service and the provider had appointed a 'day manager' to oversee the running of the service. The registered manager from another one of the providers services was in the process of applying to become the registered manager at Ashingdon Hall. The day manager had only been in post for two days but had previously worked in the service so knew people, relatives and staff well. The other manager planned to visit the service frequently to provide support for the day manager.

People, staff and relatives told us this was a good service and said they would recommend it. They told us they were happy with the care they received and valued the support provided by the staff. One person said, "Seen a lot of changes over the years but it is a nice home." A relative said, "I am very happy with the standards here."

Staff told us they could contribute to the way the service operated through staff meetings, supervisions and daily handovers. They told us they felt supported by the management team. One staff member said, "I can talk to any of the managers and they listen." Another staff member said, "I can phone [day manager] day or night, everyone is supportive."

The manager also told us about community engagement and how they networked with other agencies to strive for consistent quality within the service. The manager had attended a breakfast conference organised by Essex Care Association on the day of our visit.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular checks had been completed reviewing the services medication procedures, care plans, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. The provider also used an external company to check on the quality and safety at the service.

A resident's survey and staff survey was carried out we looked at the results of the most recent from September 2018. Responses from both were positive and looked at safety aspects in the service. We noted that some people had commented on window and carpet replacement and this was being actioned by the provider. In addition, there were regular resident and relative's meetings.

Providers and registered persons are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. We checked our records and we had been notified when required.