Care Quality Commission

Shaw Healthcare (de Montfort) Limited

Ashfield House - Raunds

Inspection report

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Raunds
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Date of inspection visit:
17 January 2017

Date of publication:
27 February 2017

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

Ashfield House – Raunds is a residential care home for 40 older people who may have dementia. There are two floors and people with complex needs live on the upper floor. At the time of the inspection there were 33 people living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

People felt safe living in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required to keep them safe and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job. People had risk assessments in place which identified and managed people's known risks, and appropriate arrangements were in place to manage and store people's medicines.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had their healthcare needs managed in a way that was appropriate for each person and people's nutritional needs were well supported.

People received support from staff that treated them well and prioritised their needs. People were relaxed and comfortable around staff and staff understood the need to maintain people's dignity. People were supported to maintain good relationships with people that were important to them and the home had good links with advocacy services to ensure people had the support they required.

Care plans described the support people required and explained people's preferences and routines. People were given choices about how and where they spent their time and this was respected by staff. There was a complaints procedure in place and people were supported and empowered to make a complaint if they wished to. Complaints were investigated and appropriate actions were taken.

People at the home reacted positively to the manager and the culture within the home supported a warm and friendly atmosphere. Systems were in place for the home to receive and act on feedback and policies and procedures were available which reflected the care provided at the home.

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 is good.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

Is the service effective?

Good

The service remains Good.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Is the service caring?

Good

The service remains Good.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Is the service responsive?

Good

The service remains Good.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and

acted upon and care and support was delivered in the way that people chose and preferred.

Is the service well-led?

Good

The service remains Good.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place which monitored the quality of the service and identified improvements.

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Ashfield House - Raunds

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 checked 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 was a comprehensive inspection which took place on 17 January 2017 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed information that we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with seven people who lived at the home, three friends and family, three members of care staff, the registered manager and the provider.
We looked at care plan documentation relating to six people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints. We also completed observations of the care and interactions people received.

Good

Is the service safe?

Our findings

People were protected against the risks associated with the appointment of new staff because the required checks were completed before staff started providing care to people. There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions. The registered manager confirmed that new staff did not provide any care for people before satisfactory background checks had been received.

There was enough staff to keep people safe and to meet their needs. People told us that the staff helped them when they needed it. One person said, "They're always very busy but they do come when I need them." Another person told us, "I prefer to stay in my room but they pop in to see me and check I'm ok." Staff told us that they felt there were enough staff available to meet people's needs and to ensure people received good support throughout the day, but agreed they were always very busy. The registered manager and provider confirmed that they used a dependency tool to ensure they had enough staff to meet people's needs. We saw that there were enough staff available to provide the support people when people needed it. Staff were attentive to people and responded to their needs. We saw that staff responded promptly when people pressed their call bell and staff deployment was arranged to ensure people received the care they required at key times, such as mealtimes.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One member of staff told us, "If I had any concerns I would tell whoever was in charge straightaway, or if it was so serious to need the police or anybody I would contact them." Staff received training to help them to identify and recognise signs of abuse, particularly if people were unable to communicate this themselves. The staff understood that they were responsible for reporting any concerns, and they understood who they could speak to in order to make a report. Details about how staff could report any concerns were displayed around the home. The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified, with appropriate learning or outcomes identified to prevent similar occurrences.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person said, "I can't fault them here. I feel so safe and I don't fall over like I did at home." Staff had a detailed knowledge of the people they supported, understood the varying risks for each person, and took appropriate action. For example, when it had been identified that people were at risk of falls, appropriate measures had been put in place to minimise those risks to people. One person told us they had a zimmer frame that helped them to get around safely and the staff always made sure that this was next to them if they sat down. They said, "I use this when I need to walk and they're [the staff] very good at making sure I use it and I'm OK." People's risk assessments were reviewed and updated on a regular basis.

Accidents and incidents were monitored and prevented wherever possible. Staff were responsible for recording all accidents and incidents, and ensuring the management were made aware of what had

happened. These were examined and reviewed to identify if there were any triggers, trends or repeated incidents. For example, following one person's change in behaviour, further healthcare advice was sought to identify the cause of the change. The registered manager completed regular reviews to ensure appropriate action had been taken each time.

There were appropriate arrangements in place for the management of medicines. One person said, "They bring my tablets every day, after breakfast or what have you. No problems there." Staff followed a system of checking people's Medication Administration Records (MAR) and preparing the appropriate medication for each person. Staff worked with people to ensure they could take their medicines with ease, and they were not rushed. Staff were patient and encouraging and ensured people took all of their medicines. People who required medicines irregularly, or on an 'as required' basis, for example paracetamol, were asked throughout the day if they required any medicines if staff noticed they may be beneficial. For example, one person who had a mouth ulcer was asked after if they required any treatment after most people had received all their medicines and this was obtained for them. People's medicines were kept securely and were locked away when they were not required.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of staff said, "New staff receive an induction and we help them to understand about the people that live here and how they like their care." Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "I think the training is good, it definitely helps with the job, especially training which is really relevant like dementia." We saw that staff received training in basic elements of care such as safeguarding and infection control but they also received training in specific areas that helped them to meet the needs of the people living at the home. For example, training in dementia awareness and falls prevention had been arranged for members of staff and staff told us this had been really helpful in their roles. The registered manager monitored staff training and ensured there was a good mix of staff skills and knowledge across the staffing team.

Staff had the guidance and support when they needed it. One member of staff said, "I feel really supported here, which is probably why I've been here so long. We do have supervisions and appraisals booked in but if anything is bothering us we can just ask for a meeting with the manager and it's fine." Staff were confident in the registered manager and were satisfied with the level of support and supervision they received from senior members of staff. One member of staff told us that the registered manager spent time talking to people and staff to make sure everything was going well and they did not spend all day in their office. We saw that supervisions and appraisals were used to discuss performance issues, training requirements and to support staff in their roles.

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 decisions 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). Staff had a good understanding of how they could support people if they were unable to make decision for themselves in their day to day lives. One member of staff told us, "I just try to think what they [each person] would like best if they're not able to tell me. Especially for things like their clothes or meals. It's quite simple really." The registered manager had followed the procedures and had considered mental capacity assessments and best interest decisions when required, for example if they were unable to consent to having support with their medicines.

People were supported to maintain a balanced diet and eat well. One person told us "The food is alright, they [the staff] make sure I get something I like. Yesterday I didn't fancy what was on the menu so they made me something else". People were given encouragement and equipment to enable them to eat their meals as independently as possible and staff provided good support to people who required it. We also saw that people were not rushed to eat their meals and people that required support from staff to eat their meals, were enabled to eat at their own pace.

People's nutritional needs were closely monitored by the staff, and when concerns were identified, additional professional assistance was sought. For example, when the staff identified that one person appetite had deteriorated and they were struggling to eat their meals, the Speech and Language team and dieticians were contacted to make an assessment, and their advice was followed. This had a positive impact for people and enabled them to have meals they could swallow. The staff had a great knowledge about people's eating preferences which enabled people with small appetite's to eat as much as they were able to, for example staff understood that one person would eat more of their meal if it was served on a smaller plate. Staff made sure people's meals did not contain foods they did not enjoy and supported people to eat at times when they wished to eat.

People's healthcare needs were supported and care planning ensured staff had information on how care should be delivered effectively. One person told us, "The girls [staff] here are nice and make sure I'm alright but they get a doctor if someone is poorly." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs and identified when they needed extra support.

Good

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "They girls [staff] look after us very well. They're so kind." Another person said, "The staff are great. I can't complain about them – they're lovely." Staff enjoyed their jobs and showed genuine interest in people's lives and making people as happy as they could. We saw that staff spoke with kindness and compassion to people, and encouraged people to have fun. Staff went above and beyond their responsibilities and were thoughtful of people's needs, for example by helping people change their watch battery or buying food items that they thought people with specific needs might like to try.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share jokes and banter with each other. One person said, "The staff are helpful and you know you can talk to them, they always react to what you're saying. I am a bit of a worrier and they [the staff] always listen to me. I can talk to anyone here." Throughout the home there was lots of laughter and fun between people and the staff. Staff were cheerful and encouraging to people and supported people to have a good time. Staff adjusted their approach according to who they were talking with and how the person was feeling.

People were encouraged to express their views and to make their own choices. This was evident in many aspects of care, for example supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. People told us they were asked if they wished to join in with activities and were supported to do so. People that spent most of their time on the downstairs floor were asked if they wished to go upstairs, particularly when entertainment acts were performing and people's decisions were respected and actioned. Staff respected people's wishes if they wanted to spend time in their bedrooms and were checked at regular intervals to identify if they needed any support.

We observed the home provided personalised care which supported people's individual requirements. Staff were encouraging and attentive. We observed staff offer reassurance when people showed signs of anxiety or confusion. For example, staff frequently held people's hands, or gave them a cuddle if this seemed appropriate. People responded warmly and positively to staff touching them and this gave people the reassurance they required.

People's privacy and dignity was well respected and staff were thoughtful to people's needs. We saw that one person's clothing had been accidentally rearranged whilst they were being supported to move into a different chair which meant their stomach area was exposed. Staff were quick and considerate to ensure the person's dignity was maintained.

The registered manager had a good understanding of advocacy services and when they may be needed. The manager understood the circumstances in which they may need to identify an advocate for people within the home and provided examples of when they had been used in the past. Contact details of an advocacy

service were available for people if they needed independent support.

Visitors, such as relatives and people's friends, were encouraged to visit at the home and made to feel welcome. One relative said, "I know I can come whenever I want and they [the staff] always make me feel welcome." Another relative said, "We come every week and from looking in and from what [name] tells us they get good care. The situation [name] is in can be frustrating but they're always very kind." Staff told us that visitors were able to visit the home whenever they wished and they encouraged this as people often reacted well to seeing their loved ones.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. The registered manager told us that they were robust with their assessments in order to attempt to ensure people could stay at the home on a long term basis if they wished. They said, "The last thing anyone wants to do is move homes so the assessments are robust. We think about people's potential long term needs, and about the needs of the people already at the home." We saw that the registered manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. One person said, "The staff know what help I need to have a wash and get dressed." Another person told us, "It's my choice. I can have a wash, or a bath or a shower if I want one. I just have to tell them and they help me do what I want." Staff told us they could refer to people's care plans to understand the care each person required and they used this is a guide, but they had a good understanding of people's needs. Each person had a care plan that was tailored to their own care and support needs. For example, it was recorded what support people required from staff to have a wash, to mobilise and to support them to make decisions.

People's changing needs were identified and monitored by staff. Staff's detailed knowledge of people supported them to recognise when people's needs had changed. For example, staff quickly identified when one person's eating needs had changed. The care plans contained some background information for staff to help understand people's needs. We also saw that care plans were regularly reviewed, and had been updated when people's care needs had changed.

People were supported to participate in activities they enjoyed and that had an impact on their quality of life. One person said, "I used to play bingo with everyone but I like being in my room now. I'm quite content in here." Another person told us, "It's very good here. For your birthday they make you a cake and get you a present and everyone sings happy birthday, it's very nice." A number of different activities and entertainment was organised for people, and people were involved in deciding what they wanted to do at the home. People and their relatives told us they enjoyed the activities and they were asked for their feedback about what other activities they would like to do. People were given the choice and support to move into the areas of the home so they could participate in the activities, and other people were able to spend time in their bedrooms if they did not wish to join in.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. One person said, "If I wasn't happy I'd ring my bell and ask to speak to the manager but I haven't got any worries here." Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. We found that complaints were investigated and people were updated on their

progress and outcome, with a suitable solution identified.

Good

Is the service well-led?

Our findings

People at the home were familiar with the registered manager and staff told us that the manager spent time talking to people and making sure they were happy. One person said, "I know who the manager is. She comes round and has a chat with everyone, or we can ask to have a chat with her if we need to." Staff commented that they had confidence in the management and felt that the home was well led. Staff felt confident to speak with the registered manager if they had suggestions for improvement or concerns. One member of staff said, "The manager is very supportive and listens to what we say."

The culture within the home was nurturing, caring and encouraged transparency. The home had a warm and friendly environment which was welcoming to the people that lived there and the people that visited. Staff worked together as a team to meet people's needs in a kind manner and staff were encouraged to be open and provide feedback about where improvements could be made. One member of staff said, "The manager wants to hear from us, from everyone, and they encourage openness. I really like that and it helps to keep families involved and aware of what is happening. They're very grateful when they know what's happening." One relative told us they felt very comfortable with the updates and information from the home and said, "They tell us everything. It's a good home."

We found that the provider had good support mechanisms in place and was open and accessible to people and staff. People who lived at the home had knowledge about who the provider was and staff told us they felt they could talk to the provider if they needed to, and they were approachable. The registered manager confirmed that during a short period of temporary absence the provider ensured that people received consistent and competent care and there were no changes in the standard of care people received. For example, whilst the registered manager was away, dietician support was obtained promptly for one person that required it.

Systems were in place for people, their relatives and staff to provide feedback about the home and the quality of care people received. Regular surveys were given out to each group and the results were analysed to identify if any improvements could be made. The results of all the surveys were very positive, with results showing that there was a strong majority of people who were very happy with the care they received. There were also posters around the home encouraging people to offer their feedback about the home. People who lived at the home were invited to regular meetings to discuss what was happening at the home. We saw that when people provided feedback or suggestions, the staff did what they could to make the required improvements. For example, some people had provided feedback about the meat that was provided for people's meals and the standards of laundry and we saw that action was taken to remedy people's concerns. Staff also attended regular staff meetings and they were kept up to date with developments at the home and asked for their feedback and opinions. Staff told us they felt appreciated and that their efforts were recognised.

The home had a good quality assurance system in place to monitor the quality of the service provided by the home. This included regular audits completed by the manager and the provider. When areas for improvement had been identified these were targeted and improvements were monitored. For example, it

had been recognised that staff required additional support to understand the requirements of the Mental Capacity Act and a dynamic approach had been given to helping staff with this. In addition to training for staff, posters explaining this were displayed amongst the home and a small reminder card was designed for staff to carry around with them to help embed this into practice. Staff told us they felt this approach was helpful and nurturing to fully understand the requirements. We saw that on occasion the audits identified that improvements needed to be made to people's care plans, and that these had not always been rectified in a timely manner. The registered manager had already identified that improvements needed to be made to the approach of care plans and had already arranged for additional training for staff who were responsible for writing and updating care plans.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided up to date guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted notifications to the CQC when required, for example, as a result of safeguarding concerns.