

Doncaster Metropolitan Borough Council

Ammersall Court

Inspection report

Amersall Road
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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 31 January and 1 February 2017 and was unannounced on the first day. The care home was inspected in June 2015 and was in breach of one regulation and was rated overall requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ammersall Court' on our website at www.cqc.org.uk

Ammersall Court is a care home situated in Scawthorpe, Doncaster which is registered to accommodate up to 18 people. The service is provided by Doncaster Metropolitan Borough Council and provides care for people with physical and/or learning disabilities. The home was split into four bungalows each with their own front doors. People who used the service could move freely between the bungalows to meet and socialise with friends and neighbours.

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 and associated Regulations about how the service is run.

Infection control procedures had improved since our last inspection of the service. South Yorkshire Housing who were the owners of the building had refurbished the kitchenettes and utility rooms which had made significant improvements to the areas.

Potential risks to people's health, safety and welfare had been reduced because there were risk assessments in place that gave guidance to staff on how to support people safely. There were systems in place to safeguard people from avoidable harm and staff had been trained in safeguarding procedures.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People's medicines were managed safely.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care and support being provided.

People were supported by staff who were kind, caring, friendly and respectful. They were supported to make choices about how they lived their lives and how they wanted to be supported. People had enough to eat and drink to maintain their health and wellbeing. They were supported to access other health services when required.

People had access to a wide range of activities that were provided both in-house and in the community. One person told us they liked going to the Crucible theatre, another liked to watch Doncaster Rovers while others

liked to attend adult social centres during the week.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives, external professionals and staff, and they acted on the comments received to continually improve the quality of the service.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by a representative of the organisation. The reports included any actions required and these were checked each month to determine progress.

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 and there were effective systems in place to safeguard them.

The provider had robust recruitment procedures in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. However, menus required further consideration to ensure a well-balanced diet for people using the service.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they

stayed at the home.

Is the service responsive?

Good ●

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative and felt involved in their care.

Relatives told us the registered manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided stable leadership and effective support to staff in order to promote a caring and inclusive culture within the service.

People and their relatives were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

Ammersall Court

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 31 January and 1 February 2017 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector. At the time of the visit there were 17 people using the service. We spoke with six people who used the service and we also spoke with three relatives of people living at the home. We spoke with six care staff, the deputy manager, the assistant manager, the operations manager and the registered manager. We also observed how staff interacted and gave support to people throughout this visit.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council contract monitoring officer who also undertakes periodic visits to the home.

Prior to our visit we also received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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 looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We asked if people felt safe in the home and they said that they did. For instance, one person said, "I feel very safe, the staff take care of us and they are all very nice." Some people had limited verbal communication. However, from our observations people clearly indicated they felt safe and happy living at the service. We saw staff supporting people and they interacted well with them, people were relaxed, happy and well cared for. Relatives we spoke with told us that their family member was kept safe and supported by well trained staff. One relative said, "We are more than satisfied with the service. We were not happy with the previous service so helped my [family member] move to Ammersall Court. It is the best move for them. Much, much better." Another relative said, "I would know if something was wrong but my [family member] is always happy and settled when we visit, and the staff are like family to us and my [family member]."

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. We saw staff had received training in this subject.

Information about how to safeguard people was available so that people who used the service, staff and visitors knew what to do if they suspected that a person might be at risk of harm. As well as information provided by the local authority, the provider also displayed a 'Voice ability' poster which gave details of their confidential service where people could report concerns. Evidence we saw showed that people were safe because the registered manager had appropriately reported any concerns to the local authority safeguarding team and to the Care Quality Commission.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person told us they travelled independently using public transport, they said, "I travel independently using public transport. This means I can meet up with friends." We saw person centred plans included risk assessments to manage things like managing personal monies, kitchen appliances and using public transport.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. The registered manager ensured that the physical environment of the service was safe because staff carried out regular health and safety checks so that there were no hazards that could put people at risk of injury. External contractors also checked and serviced gas and electrical appliances regularly.

We checked how accidents and incidents had been recorded and responded to at the service. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what corrective action was taken, along with how to reduce the risk of it happening again. The

form categorised the incidents into slip, trips and falls. It identified the time of the fall which was used to help determine if staffing levels were correct.

We found that the recruitment of staff was safe and thorough. This ensured only suitable people with the right skills were employed by this service. Staff files were held centrally by Doncaster council and the registered manager was informed when all the required checks had been received. The registered manager told us that all staff employed currently at the home were well established and there was very little turnover of staff. Most of the staff we spoke with had worked at the home for over ten years.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This ensured only suitable people were employed by this service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home. The registered manager showed us the rotas which were consistent with the staff on duty. She told us the staffing levels were flexible to support people who used the service. Relatives that we spoke with told us there always seemed enough staff when they visited. They said, "Some people need one to one staff to go out and we know this is always provided."

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when they were required. Medication was safely stored on each of the bungalows. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy. We observed medication being administered to people. The deputy manager told us how and when people preferred to take their medication. This was undertaken at the person's own pace and staff ensured drinks were available when medicines were being given.

We saw the assistant manager followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw plans were available that identified why these medicines were prescribed and when they should be given. The assistant manager we spoke with knew how to tell when people needed these medicines and gave them correctly.

We saw records which confirmed staff had received training in the safe management of medication. Annual competency checks also took place for the trained staff to ensure they were following safe medication procedures.

At the last inspection we found there were systems in place to reduce the risk and spread of infection, however some cleaning was not effective. We found that cleaning was undertaken by a combination of a full time cleaner employed by the provider, a contracted cleaning company and care workers.

At this inspection we found improvements had been made to ensure the service was clean and well maintained. The owners of the building had replaced all of the kitchenettes and utility facilities which made them easier to clean. Lockable cupboards had been put in the utility facilities which ensured confidential

records could be securely stored. Cleaning routines had improved the shower facilities in the bedrooms. However, these were increasingly difficult to maintain due to the age of the facilities. The registered manager told us that they were on the refurbishment programme and would be replaced during 2017/18.

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to develop their person centred plans which detailed the support they would need to undertake certain tasks. For example, assistance with personal care and things that were important to them. One person we spoke with told us that they received very little support from staff and could lead the life style they chose. This involved travelling independently and also arranging any health appointments that they needed to attend.

People we spoke with told us that staff always asked for their agreement before they carried out any personal care. One person said, "I am very independent and staff know that I will only ask for assistance if needed." They went on to tell us that specially adapted equipment such as their wheelchair enabled them to move around without assistance. We saw they had returned from visiting friends in Doncaster. Without the specially designed equipment this would not have been possible.

Most of the people who used the service were able to clearly communicate their wishes. Staff were knowledgeable about people's needs and knew how to support them. Staff told us about how they supported one person to try different foods. This was because the person would only eat a very limited variety of food. The person's relative told us they were extremely pleased with staff's efforts to improve their family member's diet.

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. We spoke with people who used the service about how menus were devised. People told us that they were asked what meals they would like and helped to compile a shopping list for the meals. Some people were supported to do their own shopping on-line. Each bungalow had their own menus which had been agreed with people living in each accommodation. We looked at the menus and asked staff about the nutritional balance for the week's menus. Staff told us they tried to ensure fresh meat vegetables and fruit were included. However some people would only eat certain foods so it was difficult for them to receive a balanced diet.

The registered manager told us that people received good health care services and staff supported people to gain access to the healthcare they needed and to attend healthcare appointments. We looked at people's records and this confirmed that people had received support from the appropriate healthcare professionals when required. For example, staff told us that one person was waiting to have an appointment at the hospital to have some teeth extracted. A person we spoke with told us they had visited their GP because they needed additional pain relief for a painful back. Another person told us they regularly visited the hospital for blood tests and they could do this without assistance from staff members.

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). This legislation is used to protect people who might not be able to make informed decisions on their own.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed staff had received training in this subject, and those we spoke with had a satisfactory understanding of the principles of the MCA, which ensured they would be able to put them into practice if needed.

We found documentation was in place that showed the correct process had been followed for four people who had DoLS authorisations in place. We were informed that several other DoLS applications had been sent to the local supervisory authority for their consideration, but the registered manager was still waiting for the outcomes.

Training records confirmed staff had attended the required training and had also completed service specific training. For example, diabetes awareness and epilepsy training. Staff told us that they had worked at the home for a number of years and were encouraged to attend training which was required. Staff also said that if they found that people's needs changed they were able to suggest further training to ensure they could meet their needs.

Staff were complimentary about the quality of the care they provided to people who used the service. One member of staff said, "The clients are well looked after." They further told us that they were confident that good care was provided at the service. Another member of staff said, "Clients receive the best care they can get and are happy." A third member of staff said, "We try our best. They are like our extended family." Staff told us that they were able to provide effective care because the training they received had helped them to develop the necessary skills and knowledge. A member of staff said, "We constantly have refresher training." Another member of staff said, "Training is good. There are always some new things you learn each time." A third member of staff said, "I have done most of the required training and I have found it useful. I prefer classroom based training. I think you learn more because you can ask questions and network with other staff."

Records we looked at confirmed staff were trained to a good standard. Managers and most care staff had obtained nationally recognised care certificate. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. This training was a mixture of e-learning and off site by the local authority training department. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager or a member of the management team. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were

also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something.

Is the service caring?

Our findings

People who used the service told us they were involved in developing their person centred plans, which were written in a way they could understand. The plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time doing things they enjoyed like watching DVD's, meeting friends and eating out.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, "Staff respects my wishes by always knocking on my door before asking if it's okay for them to come into my home." Another person said, "Staff are respectful and if I want quiet time in my room with my partner staff respect my privacy." Relatives we spoke with told us that staff were exceptional, friendly and very professional. One relative said, "My [family member has lived here since it opened and some of the original staff still work here so they know my [family member] very well." Another relative said, "I visit every-day and staff are always the same. This is a very good home."

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their time. We saw people returning from outings which they said they did on a regular basis. They said, "Staff always respect my wishes, they understand that I want to be independent and this means doing my own thing."

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. For example, one person had chosen to have lots of soft toys that they had purchased while on outings. Another person had a rack full of DVD's that they liked to watch. Another person had pictures of snooker players and told us they liked to go to Sheffield to watch the world championship.

People had been given information about the service to enable them to make informed choices and decisions. This included the level of support they should expect and who to speak with if they had concerns about their care. Where required, some people's relatives acted as their advocates to ensure that they received the care they needed and understood the information given to them. There was also information about an independent advocacy service 'Voice ability' that people could contact if they required. The advocate was visiting people on the second day of this inspection. They told us that they held meetings in each of the bungalows. She showed us minutes of the last meeting. They described things that people liked about the service, meals and places they wanted to visit. The advocate told us that they also spent time speaking to people on a one to one basis if they needed to discuss something in private.

The registered manager also surveyed people who used the service twice a year. This gave people the opportunity to give their views on the service. The registered manager showed us the results of the last survey which were very positive.

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at three person centred plans in detail for people who used the service. The plans set out people's individual preferences and goals. Their plans included descriptions of the ways they expressed their feelings and opinions. Each person had a profile detailing how they communicated when they were happy and content and how they expressed, pain, anger or distress. The staff knew people really well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.

The assessments outlined what people could do on their own and when they needed assistance. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.

The staff we spoke with told us that it was important that they promoted people's independence. They described how they met people's individual needs and promoted their rights. Staff also described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as some people could not always communicate their needs verbally.

The plans also told us the activities that people were involved in, what was working well and things that may have changed. Staff told us that people were encouraged to maintain life skills for example helping with shopping and dealing with their own finances.

We saw care interactions between staff and people using the service were person centred, focusing on the individual needs and preferences of people being supported. We saw care workers offered people options about their meal or where to sit, as well as providing food, drink, or support that they knew were preferred.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us that they liked to go to watch the snooker and had collected lots of memorabilia from their favourite players. We spoke to a relative of one person who told us that their family member liked to watch Doncaster Rovers and they had season tickets so they did not miss a match. They said, "We often go out for a meal afterwards which is quality time for us." Other people preferred to socialise with friends outside of the home. One person told us they liked to meet their partner in town going for coffee and window shopping.

People were supported and encouraged to keep in touch with the people who were important to them. We spoke with the registered manager about the contact people had with their families. They told us that some people had regular contact with their families, as they lived fairly nearby. Others had visits and also kept in touch by phone. Two relatives we spoke with they visited their family member daily at the home.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

We saw a comments/concerns book were sited in each bungalow. These contained records of complaints and compliments from both residents and carers, with evidence that complaints were responded to in a timely manner and resolved to the satisfaction of the complainant. The registered manager told us they were trying to look at different ways for people to raise any concerns.

People were encouraged to take part in meetings in each of the four bungalows and we saw minutes of some of the meetings. These were facilitated by 'Voice ability' advocacy service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Is the service well-led?

Our findings

The service was led by a registered manager who delivered a service which met the needs of people who used the service. The staff we met were enthusiastic and professional and were good communicators. The registered manager was very person centred in her approach. She was keen to look at ways to ensure people had the opportunity to meet their full potential. They staff were flexible in their approach to ensure people could take part in activities of their choice.

The service had a clear philosophy and set of values. These included aspiring to inspiring and innovating and embracing change. We spoke with staff who demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training.

We observed that the atmosphere was calm and relaxed and we found the manager was well organised. They spoke positively about providing a high standard of service for people. Records showed the turnover of staff to be very low, with a good percentage of the team having worked at the home since it opened.

We saw that the registered manager interacted well with people who used the service and spoke to staff in a positive way. All the staff we met said there were very good relationships in the team.

Staff we spoke with told us they felt well supported by members of the management team on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service. The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted.

Staff understood their roles and responsibilities. They were good at communicating with and supporting people, who seemed happy to be in their company. When asked, one staff member said they liked their work very much and said, "I have worked here for twenty years and this will be my job until I retire." Another staff said, "I get a great deal of job satisfaction, it's a great place to work."

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

We saw that clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication, infection control and a home manager audit. The audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales. We saw examples where issues had been identified from audits and actions put into place. Our review of these records evidenced that there was an effective quality monitoring system to analyse, identify and reduce risk.

There were opportunities for people to provide feedback about the quality of the service. Recent meetings had been held with people who used the service. These allowed people to be involved in discussion about things they felt were important. It was also clear that people's relatives were kept informed, involved, and asked their opinions of the quality of the service, and there was an emphasis on continually improving the service. Relatives we spoke with told us they were highly satisfied with the care and support provided at Ammersall Court. One relative said, "I cannot fault the care, they are marvellous. Staff are more like family and they always make you feel at home when we visit."