Care UK Community Partnerships Ltd

Asterbury Place

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was unannounced.

Asterbury Place is a care home which provides nursing care. When fully occupied the home provides personal and nursing care to up to 80 older people. During our inspection there were 77 people living in the home, some are living with dementia.

The service has a registered manager in place. 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 living in the home told us that it is a good place to live, they like the environment and they told us the staff were kind and caring. There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People enjoyed their meals and had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that any complaints they made would be addressed by the manager.

The service had consistent leadership. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The organisation also carried out quality assurance visits, set action plans and checked the actions had been undertaken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Is the service effective?

Good

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were

important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Asterbury Place

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 inspection took place over one day, 24 February 2016 and was unannounced.

The inspection team consisted of two inspectors and a specialist nursing advisor who focused on the nursing care offered at this service and the way medicines were managed.

Prior to this inspection, the manager completed a Provider Information Return (PIR). This is a report we ask the provider to submit that gives some key information about the service; what they are doing to meet regulation, what the service does well and improvements they plan to make.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service, including during their lunch. We used our Short Observational Framework for Inspection (SOFI) tool. The SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed ten care records, staff training records, and five records relating to the management of the service such as audits and policies. We spoke with 20 people who used the service and nine of their relatives. We also spoke with the registered manager, deputy manager, 14 care staff, three nurses, the chef and two of the kitchen staff. We also spoke with two visiting healthcare professionals.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in the service, many people were not able to talk to us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety. One person told us, "I have nothing to worry about, I feel safe and happy." Another told us, "It's nice here, there are lots of people to talk to, not home but at least I feel safe."

A relative told us that they felt their family member was safe and well cared for. They said, "It was a real worry when [my relative] was living alone, I am more relaxed now." Another relative told us, "I visit [my relative] every day, I go home happy that [they] are safe and well looked after."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns and were aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

One staff member told us, "Yes I have completed SOVA training. If someone had a change in their behaviour, appetite or mood, had unexplained bruising or was not at ease around a person I would tell my team leader or the manager so that they could check that no abuse was occurring. If I saw a staff member speaking to a person disrespectfully or not respecting their dignity I would report them to my team leader."

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Staff were able to correctly describe the care and support needs for each person and understood the risks and how to minimise them. Records showed us that people who had developed pressure areas and those that had been assessed as being at risk of developing them were receiving the care they needed to prevent deterioration and aid recovery. Their wounds were being dealt with in line with their care plans and specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

There was also other specialist equipment that safeguarded people. For example, there were sensors above each bed that, when activated, could detect when people had left their bed and would alert staff. This enabled staff to be able to quickly offer that person support if they were at risk of falling. The sensor could be programmed to only alert staff if the person had been out of bed for a longer period, so they could go and

check that they didn't need assistance.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff understood how to respond in the event of a fire. Staff we spoke with said they had completed fire safety training and knew what to do in an emergency. Individualised emergency evacuation plan was seen in people's care plans.

The service was kept clean and proper procedures were carried out to maintain infection control, which helped keep people safe from infections.

There were sufficient staff on duty to keep people safe and protect them from harm. One relative told us, "Yes, there are always staff around. There did seem to be a lot of agency staff at one time but that's better now." Another said, "There always seems to be enough staff here. My [relative] doesn't have to wait long if they ask for help."

The staffing compliment was calculated using a dependency tool, which calculated the number of hours of care each person required. The rota was prepared using the number of staff the dependency tool showed as necessary. If needed because of changes to people's needs the staff on duty was increased. If someone's behaviour caused a challenge to other people's safety for example.

Staff felt there were enough staff on duty, "If someone goes off at the last minute it can be difficult to get cover, but it is usually covered." The manager also believed the staffing levels were set at a safe level and told us that if a member of staff was unwell they were replaced with another member of the permanent staff team or agency staff were used. A high number of agency staff had been used at the service, recruitment had been slow. The manager told us that recruitment had picked up and there were less agency staff needed. Where agency staff had been used, they had an arrangement with the agency that the same regular agency staff were sent, so they knew people and the routine of the service. Staff we spoke with said that they had noticed less agency staff being used and felt that helped the home run smoother. This meant that people received care and support from staff who knew them well.

Recruitment procedures were in place to ensure that only suitable staff were employed which were followed. Records showed that staff had completed an application form and attended an interview. The provider had obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to check that the staff were of a good character and suitable to work with vulnerable people.

Medicines, including controlled drugs, were well managed by the service. We checked all areas of how the controlled drugs were managed, the Medication Administration Records (MAR) and the way the medicines were stored. The medicines were physically present, all accounted for and they were securely stored.

We observed staff supporting people to take their medicines, the interaction was very gentle with positive interaction, which was person centred. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Records showed that staff had received the appropriate training to enable them to administer medicines and competency was assessed to check they were capable of doing the task safely. Spot checks were carried out by the manager and senior staff to check practice.

Good

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, "They [the staff] look after me and tell me when I forget things." Another person, who was sorting out their cupboard draws, told us, "We like to sort things out. They [the staff] say that's right let's have a spring clean. We laugh a lot." A relative told us, "Yes, my relative is given all the care and attention they need."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. Although, they mentioned that the manager had been away from the home for several months and during that time the levels of training and supervisions had dropped. However, once they had returned to work the manager had stated to get things in hand. The organisation's training matrix, which was how they tracked staff's training, showed us that the levels of training people had completed had been allowed to drop, but that the percentage of staff that had completed their training had begun to pick up. One staff member told us, "Some of our training got out of date. The manager is making sure that we all complete all of the necessary training. We have been doing lots of training and other training is planned." Another staff said, "Yes we do training such as dementia care, moving and handling, health and safety, fire safety, safeguarding, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards."

Staff were expected to complete competency checks after they had undertaken any training. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care, "I have an NVQ level 2 and I am going to do Health and social Care Diploma level 3 soon." This meant people were cared for by skilled staff trained to meet their care needs.

One person's relative told us, "They [the staff] do their best for everyone and seem to understand my [relative]."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLs and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. The manager had completed a number of DoLs referrals to the local authority in accordance with guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals. The healthcare professionals that we talked with were positive about the service. One told us, "The team leaders are good and we tend to go to them when we visit. They are knowledgeable and can give us the information we need." Another said, "Yes, I would recommend this home. People seem happy here and well cared for and they call us in if they need guidance."

We observed the mealtimes in three of the four units in the home. In one of the units we joined people and ate alongside them. We found the meal appetising and well cooked. People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices from an extensive menu. There was fish pie on offer and we were told, "There was a good variety of fish in that pie, it was tasty and well cooked." Another person told us, "That was my second helping, it was so good." And another, "Sometimes, they [the staff] get me something different, I can be a bit fussy."

While we were at the table with people during dinner, the conversation was lively and they told us how they enjoyed their meals and that the staff gave them as much help as they needed. They explained how the chef spent time with them during the meals and asked for their opinion of what was on offer and asked for input in choosing new meals to add to the menu.

We observed positive interaction between staff and the people they helped to eat their dinner. Staff sat with the person they supported, while chatting and encouraging them to eat. Plate guards and specialist utensils were available for those with who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were too distracted to be able to sit and eat their meal they were offered finger food that they could eat on the move. This helped to ensure that people got the food they needed to stay well.

People told us that meal times were flexible and that they could chose to eat when the wanted to. A staff member told us, "People can have their breakfast when they like. Some wake up early and the night staff do their breakfast and some get up later. No, breakfast does not stop at 9am. This manager is very clear with us that we all have to be flexible and encourage people to eat and drink when they choose to throughout the day. Yes, at night snacks such as sandwiches, cakes, fruit, biscuits and crisps are always available. Some people like to eat a little and often and they can do this. We fortify foods for some people."

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the support people needed. Kitchen staff, as well as the care staff, had received training to enable them to understand and use these tools. The kitchen staff had also been given the opportunity to undertake national vocational training (NVQ) diploma in kitchen services. People's weights were monitored and the chef was given a copy of the weight chats weekly so that they could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight.

Good

Is the service caring?

Our findings

People felt that staff treated them well and that they were kind and caring. One person said, "Yes, they [staff] are friendly. My relative likes them and they [staff] remind me when they [relative] are coming to see me."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "The staff here are so friendly and cannot do enough for the people who live here. They are really kind, friendly and helpful." A staff member said, "The staff working here now, are kind and treat people well. We all work together to ensure each person is well cared for. The manager takes action if they are told that a staff member is not treating people right."

We saw interactions between people and members of staff that were caring and supportive, which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternatives drinks or snakes if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

For example, we saw a staff member talk to a person who was having difficulties deciding what they wanted to do, which was frustrating them. The staff member was skilled at communicating with them, sat at the table with them and explained what the options were. This was done in a light hearted way with laughter. We saw that staff had built up a good relationship with the people they were supporting and there was an open and friendly atmosphere.

One relative told us, "There are dedicated and friendly staff working here who make me feel welcome when I visit." Another relative told us that, "We are always made welcome, I'm never made to feel as if I'm in the way." Care plans contained information about how people liked to be cared for. This included what food they liked and how they wanted to be cared for at night, for example if they wanted the light on or off. People and their relatives were involved in regular reviews of their care plans. The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member's care. One relative said, "The staff keep me informed of things about my relative, such as when they had a fall or if they have a chest infection." Another told us, "I was asked for help with [my relatives] assessment and have read the care plan."

We saw that people had been referred to an advocacy service if they needed support in making decisions and had no family or friends to act on their behalf. Meaning that decisions made on their behalf would be made after discussions with someone who put their best interest to the fore.

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity. One person, who had spilt food onto their clothing, was taken to be changed. The staff

gently assisted them out of the room saying, "You always like to look pretty, let's go and find something smart to change into."

People's privacy was protected; we saw staff knocking on door before they entered people's bedrooms and closed doors when offering personal care. One person had a key hanging from their walking frame and when asked told us that it was the key to draw in their bedroom. "I'm glad to have it. I put my things in there that I want to keep safe and private."

A visiting professional said, "I have never seen any staff member make anyone do anything they did not wish to. They always ask them and respect their decision when they say 'no'." and "The residents seem to rely on the staff and to trust them. They are always pleased to see their staff member."

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "There is nothing that I don't like about here." Another told us, "Things have settled down nicely, there were teething problems at first, but now my [relative] is settled and well looked after."

Relatives told us that they had been provided with the information they needed during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Care plans were kept on paper and electronically and were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could.

The service was responsive and took action if people's needs changed, a staff member told us, "When incidents occur, such as the person having a fall, we talk about it and the team leader puts new risk assessments in place to tell us how we can help the person from falling again."

We focused on the nursing care people received at the service and found that it was carried out to a good standard and the records were in order. We talked with people and their relatives about how their nursing needs were met, they were positive and praised the nursing staff for their responsive and supportive attitudes. One relative told us, "My [relative] doesn't get about much and mainly stays in bed, but [they are] checked often and gets cream rubbed into the places that are in danger. The staff are so kind and gentle when they move them."

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and had been reviewed and updated. A relative told us, "Yes, I am asked my opinion about the care and support my relative receives and about six monthly I take part in a review of the service provided." A staff member said, "The team leader's do monthly reviews and write down any changes. They involve the relatives when they can."

Staff received a handover at the beginning of each shift so they are aware of what is planned for the shift and if anyone needs extras support or help. Every morning the manager, the senior carer/nurse from each suite, and all heads of departments, including maintenance, housekeeping and catering attended daily meetings held at 11am. These meetings were called 11/11 meetings and were designed for the manager to check that records were up to date, expected work was completed and to receive feedback from all departments. The priority of the meeting was for the manager to be kept up to date about the people living in the home and issues that might affect them.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper,

playing cards or joining in a planned social activity. We saw many examples of staff spending time with people as they took part in crafts such as drawing flowers and knitting. One person was proud of their handiwork and asked our opinion; this led to light hearted banter between them and the staff.

The service employed an activities coordinator. Each person who lived in the service had been assessed for their individual likes and dislikes around activities; this information was used when planning activities to ensure that they suit people's individual preferences. Social outings to the local pub and meals out had taken place for small groups and individuals. Staff felt that there has been a recent improvement in the range and amount of activities people had been offered. During our inspection we observed people being engaged with board games, manicures, listening to music and reading magazines.

The organisations dementia team visit the service to monitor the quality of the service offered to people who were living with dementia and offer advice and support to the staff team. The ambiance and mood of the building had been changed since the first time we visited. When it was new it lacked personality. Changes had been made, and focal points of interest had been developed that had created quite places for people to sit. These were areas at the end of some of corridors that opened up and had large windows, so they were light and relaxing places to be. The manager had themed each of these areas differently, one area offered hats and scarves and other memorabilia for people to try on or touch. Another had a vintage dining table and chairs, set as if for lunch, with replica vintage newspapers left to read. Smaller, similar features were arranged throughout the home.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited. People with family away and not able to visit as often as they liked, were supported to keep in touch via the internet using social media. Wi-Fi was available throughout the building.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the Lobby and throughout the service. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. There was also a comments book kept by the reception desk where people were encouraged to record their feelings, good or bad. The manager checked the book and followed up any concerns that were raised. We saw that responses had been made to some of the comments by the manager. There were also, 'We would like to hear from you' forms in the reception which were pre-addressed to the head office. This gave people the opportunity to raise worries, concerns or compliments with people other than the management team running the service.

The organisation also asked people to nominate staff for a GEM Award. This was where the service recognised where staff had 'gone above and beyond the call of duty and go the extra mile'.

Several people told us that they had not needed to make a complaint, others made comments such as, "I did need to talk to someone, I wasn't happy. But I got what I needed in the end." And, "Staff may get an earful, but they get it sorted." A relative told us, "I have no complaints. I would go straight to the manager if I did. Yes, I am confident that they would listen to me and sort the problem out." Another said, "No complaints, and my concerns are dealt with immediately."

Good

Is the service well-led?

Our findings

People and their relatives thought that the service was well-led, one person said, "This is a nice, happy place with lovely girls [staff]." We were told that the manager was friendly and made herself available if people wanted to speak with her. They felt they could approach the manager if they had any problems, and that they would listen to their concerns. She was often seen around the home and would stop to say hello and ask how people were as she passed by. The manager was knowledgeable about the people in the service and they told us that, when they spent time around the service, they kept their eyes open and monitored staff and the delivery of care closely.

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "We could speak freely at team meetings and during supervision."

Residents and relative meetings were held regularly, which gave people the opportunity to voice their views of the service and to make suggestions on how the service could improve. One relative said, "There are resident's meetings where we can join in and comment." And another said, "I think they listen to us. My [relative] didn't like some of the food on offer, but when we talked about that, changes were made to the menus."

Annual surveys were sent out directly form the organisation to people and their family members, which gave them the opportunity to give their views about the running of the home and the service they received. The manager received feedback from their line manager and an action plan was put in place if things needed addressing. For example, people felt that the standard of the service had dropped during the manager's absence. The organisation made a decision that if the manager needed to be absent from the service again for an extended period, they would ensure that their replacement was properly supported and the service would be closely monitored.

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The manager was supported by the regional director and the organisation, which carried out an extensive programme of quality assurance audits. Records showed that the regional director visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.