

Statepalm Limited

Ascot House - Scunthorpe

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Ascot House is a care home located in Scunthorpe, which provides accommodation over two floors. It was providing accommodation and personal care to 35 older people at the time of the inspection. The service can support up to 40 people. Ascot House is also registered to provide personal care to people in their own homes. However, at the time of the inspection they were not providing this service.

People's experience of using this service and what we found

People did not always receive safe care because infection control practices required improving, mainly in the laundry. Action was taken by the management team to address our concerns.

Staff understood what action they must take to protect people from harm and abuse. Staffing levels provided met people's needs. Medicine management was robust.

Induction was provided to support new staff working at the service. Staff training, supervision and appraisal took place to develop and maintain the staff's skills. Issues with staff performance were addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a choice of food and special diets were catered for. People who had difficulty swallowing or weight loss were monitored by staff and input was sought from health care professionals to promote people's health and wellbeing.

Signage was present to help people living with dementia find their way round. We found in some areas of the service contrasting colours could have been used more effectively to help people distinguish the hand rails to aid their mobility. This was discussed with the management team.

People told us staff were attentive, kind and caring. A programme of activities was provided for people and their relatives to take part in, if they wished. End of life care was provided at the service. People's care records were person centred and highlighted risks to their wellbeing and what people could do for themselves to maintain their independence. Staff were aware of this information. Guidance to maintain people's oral health was in use.

Information was provided to people in a format that met their needs in line with the Accessible Information Standards. People were provided with information which told them how to make a complaint. Complaints received were investigated and this information was used to improve the service.

Staff understood the vision and values of the service. The provider had Brexit plans in place to prevent any

disruption to the service.

Quality monitoring checks and audits were undertaken. The infection control audit was strengthened during the inspection to make sure the issues we found would not occur again. We were informed a new laundry was to be created in outbuildings following our inspection. Data security was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ascot House - Scunthorpe

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Ascot House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also asked Healthwatch for their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and with three relatives about their experience of the care provided. We spoke with the registered manager, operations manager, deputy manager, cook, laundry assistant, and with three care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care and medicine administration records. We looked at three staff files in relation to recruitment, training, supervision and appraisal. We inspected a variety of records relating to the management of the service which included policies and procedures and quality assurance checks and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to infection control. We received information from the registered manager and operations manager about the action taken following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe regarding infection control. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Infection prevention was not always robust. We found in the laundry behind the washer and dryer, there was exposed plaster and brickwork that could not be effectively cleaned. Lino was not fitted right up to the walls in some areas. Curtaining around clean cloths did not extend from floor to ceiling to protect the clean cloths from cross contamination. Wooden shelving had some edging missing which meant it may not be effectively cleaned. The management team took corrective action straight away.
- After the inspection we were informed a new laundry was going to be built in unused outbuildings.
- A room upstairs had ill-fitting lino which needed to be replaced to help to maintain infection control. This was acted upon immediately.
- Staff used gloves and aprons and hand hygiene was monitored.
- Infection control audits were strengthened during the inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook safeguarding training. Staff told us they would report any safeguarding concerns immediately.
- Safeguarding issues were reported to the local authority and Care Quality Commission to protect people from harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were assessed, monitored and reviewed. Care records explanations how staff could maintain people's safety.
- Supplementary care records were in place, these were completed to monitor pressure area care provided and monitor people's food and fluid intake if this was a concern.
- People were supported to take positive risks to develop or maintain their independence, support was provided by staff where necessary.
- Accidents and incidents that occurred were investigated. Advice was sought to help reduce the risk of re-occurrence and maintain people's wellbeing. Learning from incidents was shared with staff.

Staffing and recruitment

- The management team monitored staffing levels and skill mix, to ensure people received timely care and support.
- People told us staff were there to assist them when they required help. Staff confirmed they were able to support people effectively because staffing was maintained at an appropriate level.

- The service had ancillary staff which enabled care staff to concentrate on delivering support to people.
 - Robust recruitment checks were in place to ensure staff were suitable to work in the care industry.
- Recruitment took place when necessary.

Using medicines safely

- People's medicines were effectively managed. Staff undertook training in safe medicine management and people received their medicines as prescribed. Guidance was in place for 'as and when required' medicines to guide the staff on their administration.
- People were supported by staff to take their prescribed medicines to help maintain their wellbeing.
- Medicines to manage people's behaviour that may challenge the service or others was not overused.
- Medicine audits were undertaken by the management team. Issues found were acted upon.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Some corridors within the home did not have definition of contrasting colour between the painted walls and handrails which may have helped people living with dementia to mobilise. This was discussed with the management team.
- Dementia friendly signage was present to help people living with dementia to find their way round. Bedroom doors were numbered and some had pictures present to help people find their room.
- TV lounges, quiet areas and a conservatory was provided for people to use. People were able to socialise with others if they wished.
- There was level access to the grounds and a secure patio with seating so that people could sit outside.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
- People confirmed they received the support they wished to receive.
- Good practice guidelines were in place, for example 'Smile Matters.' Staff used this information to help to maintain people's oral health.

Staff support: induction, training, skills and experience

- New staff undertook a period of induction and undertook the Care Certificate (a nationally recognised training scheme) to help develop their skills. A member of staff told us "I had not done care work before. I was given a good induction and undertook shadowing. I am doing my Care Certificate now."
- Training was provided for staff in a variety of subjects on an ongoing basis.
- Staff had regular supervision and a yearly appraisal. This allowed them to discuss their performance, skills and abilities and highlight any further training needs.
- The registered manager monitored the staffing levels and skill mix to make sure people's needs could be met.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Staff assessed people's dietary needs on admission and reviewed them when there were changes. Special diets were provided for people.
- Staff contacted relevant care professionals for help and advice if people were losing weight or were at risk of choking to maintain their wellbeing.
- Menus were available to people in a pictorial format to help people living with dementia choose what they

would like to eat.

- People told us they were satisfied with the food. One person told us, "The food is alright." Another person said, "I get a choice of food and more to eat if I like."
- Staff assisted and prompted people to eat and drink with patience and kindness.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff ensured people had the support of relevant care professionals to maintain their health and wellbeing. People were assisted to attend appointments.
- Staff recognised when people were not feeling well and took corrective action.
- Information about people's needs was provided to other services so that people received the support they required whilst away from the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Staff undertook training about MCA and DoLS. A member of staff told us, "We give people lots of options and choices."
- DoLS applications had been submitted to the local authority for 21 people living at the service. Two had been authorised.
- Best interest decisions were made in consultation with people's relatives and relevant care professionals to make sure people's rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff built positive relationships with people and their relatives. People told us they were treated well by the staff. One person told us, "Staff treat me well I am proud of them. They are kind and caring." Relative's confirmed the staff were compassionate and attentive.
- Staff supported people's diversity and individuality. People were supported to follow their faith and live their lives the way they wanted to.
- Staff used distraction or diversion techniques if people became anxious or upset. Gentle appropriate touch and reassurance was used to help calm people.
- People's relationships with their family and friends were encouraged. Visitors were welcomed and relatives told us they were invited to events and to join in with activities held at the service.
- Staff told us they loved supporting people living at the service. A member of staff told us "I like making the service users happy. I make flower arrangements at home and bring them in for the dining tables. I like to know I have made people comfortable and brightened their day."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported by staff to make their own decisions about their care and support. Staff discussed the options available to people and rephrased this information to help them understand their choices.
- People's communication needs were recorded and staff were aware of this information. For example, one person had communication cards in place because English was not their first language. Staff used these and observed the person's body language, used family to interpret and staff who could speak their language to communicate.
- Information was provided to people in a format that met their needs.
- Advocates were available to help people raise their views, where necessary.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People received personal care in their bedrooms or bathrooms behind closed doors.
- People were addressed by their preferred name.
- Staff encouraged people to maintain their independence. People's care records contained information about tasks people were able to do for themselves. Staff were aware of this information and supported people when necessary.

- A dignity champion was in place to promote this value at the service.
- Confidential records were stored securely. Staff adhered to a confidentiality policy to maintain people's privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in line with their preferences and their routines were known by staff. Care records supported staff to provide person-centred care.
- People's life history's, hobbies and interests were recorded so that staff could talk with people about things that interested them.
- Staff gave people choices and respected their decisions. People made decisions about their care and confirmed they chose how to live their life, taking part in activities if they wished.
- Relatives were kept informed of their relations changing needs.
- Care professionals were contacted for help and advice to maintain people's health and wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information about the service in a format that met their needs.
- Staff gained good eye contact with people to help them communicate effectively with people. If people had difficulty understanding what was being said staff rephrased questions and waited for a response before acting upon what was said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A programme of activities was provided this included arts and crafts, reminiscence and pampering sessions. Entertainers attended the service and outings took place.
- People were encouraged to maintain their relationships with family and friends. Friends and relatives were invited to events and activities held at the service. Visiting was permitted at any time. One person told us, "We had a lovely Christmas party, at Easter we had another event with singers."
- Local clergy attended to provide a service and spiritual support.
- A hairdresser attended so people could get their hair done at home.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was provided to people and their relatives.
- People were able to raise complaints. People told us they had no complaints to make about the service

they received. One person told us "I cannot find anything wrong at all."

- Complaints received were documented, investigated and resolved. Learning from issues raised occurred. This information was shared with staff to help improve the service.

End of life care and support

- Peaceful, pain free death was promoted at the service. Staff were supported by relevant care professionals. An end of life staff champion was in place to promote people's wishes and support staff.
- The provider had taken part in an end of life pilot scheme held by the local authority to develop effective end of life care.
- People's end of life care and wishes were documented. This including spiritual and cultural information and if people wished to receive resuscitation. Staff were aware of this information.
- People's wishes were supported. For example, one person wanted to go out for a Chinese meal but was unable to do so. This was provided at the service to aid their enjoyment.
- An end of life review was held with people's family to gain feedback about the care and support provided at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Checks and audits were in place. Infection control audits were immediately strengthened to ensure the shortfalls found in this area during the inspection would not be repeated. After the inspection we were informed a new laundry was to be commissioned.
- The registered manager monitored the service effectively.
- People told us they were satisfied with the quality of the service they received. One person said, "It is very good here."
- Staff were clear about their roles and responsibilities.
- The registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.
- Data security was maintained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was positive; welcoming and inclusive. Staff were committed to achieving good outcomes for people.
- The registered manager and management team had an open-door policy in place, so people could speak with them at any time.
- The provider and registered manager promoted a strong philosophy of supporting people. Staff were clear about and demonstrated the providers vision and values.
- The provider had introduced staff champions to the service. This meant people's care was enhanced in certain areas. The local authority provided the service with enhanced funding because these champions were in place.

Working in partnership with others

- The provider sponsored a category of the local health care awards. They had done this for several years. Managers took some staff and people living at the service to the award ceremony.
- Links with the local community were in place to support people's needs and preferences.
- Brexit plans had been considered to make sure the service was not adversely affected.
- The management team continued to look at how the service could be improved for the benefit of the

people using it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were asked for their views by the management team and staff in general conversation. Surveys were sent to people to complete. Feedback received was acted upon.
- The diversity of all parties was protected and respected.
- Staff meetings were held to gain their views. The management team monitored the staff's performance, issues found were addressed.
- Staff worked in partnership with people's social and health care services to make sure their needs were met.