

Regency Guest Services Limited

Ashwood Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 January 2017 and was unannounced. A second day of inspection took place on 12 January 2017 and was announced.

Ashwood Court is a care home which provides nursing and personal care for up to 30 people with mental health or general care needs. There were 27 people living there at the time of our inspection, some of whom were living with dementia.

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 2008 and associated Regulations about how the service is run.

We last inspected the home in December 2015 and found the provider had breached Regulations 12 (safe care and treatment), 17 (good governance) and 18 (staff training) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan setting out how they would become compliant with the breaches identified at the previous inspection.

At the last inspection we found that the registered provider did not have accurate records and procedures to support and evidence the safe administration of prescribed creams. Staff had not received regular one to one supervision with their line manager and some essential training was overdue for most staff. Records of appraisals were unavailable. The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure people received appropriate care and support. Opportunities for people to give their feedback on the service were limited, and we could not be sure if people's feedback was acted upon.

During this inspection we found the provider had made some improvements in these areas. However, we found the provider had continued to breach Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some medicine records we viewed contained gaps and inaccuracies and one person's medicine file did not contain important information about their allergies. The provider's quality assurance processes needed to be sustained over time to address the areas for improvement we identified during this inspection. We have made a recommendation about staff training.

You can see what action we told the provider to take at the back of the full version of the report.

Accidents and incidents were recorded and dealt with appropriately but the analysis lacked detail. Information relating to times of falls and the amount of staff on duty was not analysed which could help the provider identify trends.

Fire drills were not carried out in line with the frequency specified in the provider's fire safety policy.

The arrangements for prescribed cream had improved which meant people received them when they needed them. Medicines were stored securely and at the appropriate temperature for safe storage.

All staff members had a completed disclosure and barring service (DBS) check within the last three years which complied with the provider's policy. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Safeguarding incidents were recorded and investigated appropriately. Appropriate action had been taken following safeguarding incidents.

Staff supervisions and appraisals were up to date. Staff told us they felt supported.

Decisions made about any necessary restrictions to keep people safe had been made in line with legal requirements and were in people's best interests.

People were supported to maintain a healthy and varied diet. People received support to eat and drink when they needed it. Drinks and snacks were available throughout the day.

People spoke positively about the care and support they received. One person told us, "I'm well looked after. The staff are kind." Another person said, "The staff listen to us and if I'm down they put things right as they want us to be happy."

Relatives we spoke with said their family members were well cared for. A relative said, "The staff here deserve a medal for what they do, they're fantastic."

Staff had good relationships with people and their relatives. There was a welcoming atmosphere and lots of laughter in the home.

Care records contained detailed information and guidance about how to support people based on their individual health needs and preferences. Individual hygiene sheets had been introduced since the last inspection which was more person-centred. Care records were reviewed and updated regularly or when people's needs changed.

People we spoke with told us if they had a problem or concern they would speak to staff. Relatives we spoke with knew how to make a complaint.

Staff meetings were held regularly and staff told us they had enough opportunities to provide feedback about the service.

Relatives and staff told us the manager was approachable and the service was well-run. A relative said, "The manager is really approachable and the atmosphere is good. Things are much better now."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not always managed safely as some records contained gaps and inaccuracies.

People felt safe and there were systems in place to safeguard them from harm.

Thorough background checks had been carried out to ensure staff were suitable to care for vulnerable adults.

Risks to people's health and safety were assessed and reviewed.

Is the service effective?

Requires Improvement 

The service was not always effective.

Some staff training had not been completed.

The registered provider was following the requirements of the Mental Capacity Act 2005 (MCA).

People had input from external health care professionals where required.

Staff supervisions were up to date.

Is the service caring?

Good 

The service was caring.

People gave us positive feedback about their care and told us staff were kind and caring.

People were given choices appropriate to their needs.

Staff knew people and their relatives well and had good relationships with them.

People were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Care plans were well written and specific to the needs of the individual.

People had opportunities to take part in a range of activities.

Complaints were recorded, investigated and resolved appropriately to the satisfaction of the individuals concerned.

People and their relatives had been involved in decisions about refurbishment of the service.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The provider's quality monitoring processes had led to some improvements since the last inspection, but there were still areas for improvement in monitoring medicines administration and health and safety issues.

Feedback from people and relatives was sought and acted upon.

Staff told us they had enough opportunities to provide feedback about the service.

Relatives and staff told us the manager was approachable and the service had improved.

Ashwood 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 11 January 2017 and was unannounced. A second day of inspection took place on 12 January 2017 and was announced. The inspection team consisted of two adult social care inspectors and an expert by experience on the first day, and two adult social care inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Before the inspection we also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with eight people living at the service and seven relatives. We also spoke with the registered manager, the registered provider, two nurses, one senior care worker, six care assistants, the head chef and two members of domestic staff.

We reviewed five people's care records and records for three members of staff. We also reviewed 10 people's medicines administration records, supervision and training information and records relating to the management of the service.

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.

Is the service safe?

Our findings

We checked to make sure medicines were being managed safely. One person was prescribed a medicine to prevent anaphylactic shock but the current medicine administration record (MAR) did not record this medicine, nor did the MAR contain the food types the person was allergic to. This meant the risk of this person being given foods they were allergic to and not receiving the appropriate treatment in an emergency situation was increased. We discussed this with the registered manager and clinical lead who advised this would be addressed immediately.

Each person had a medicine file which contained the most current medicine administration record (MAR). Two out of the 10 MARs we viewed contained gaps and inaccuracies. Whilst this had been identified and raised with the staff members in question, this meant we could not be sure people always received their medicines when they needed them.

Some people who used the service needed to be given their medicines in a disguised form (known as covertly). Medicine records for people who required their medicines to be given covertly lacked detailed instructions about how to prepare the medicine for administration. This meant we could not be sure these medicines were being prepared in a safe and appropriate way. We discussed this with the registered manager who told us they would contact the pharmacy to get the right advice and amend the MARs accordingly.

We found the provider's policies and procedures relating to the safe administration of medicines were dated 2012. This meant we could not be sure the guidance for staff was based on current legislation and best practice.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will monitor this by asking the provider to send us regular updates on how they plan to meet this regulation.

At the last inspection of this service in December 2015 prescribed creams were not recorded as administered and were not dated on opening. During this inspection we found the arrangements for prescribed creams had improved. This meant people received their prescribed creams when they needed them, in line with the instructions on their prescriptions, and when creams were safe to use.

Medicines were stored securely in locked trolleys in locked rooms. The temperature of the rooms where medicines were stored and the clinical fridge were checked daily and were within recommended limits. This meant medicines were stored safely.

At the last inspection we found thorough background and ongoing checks were not always carried out to ensure staff were suitable to care for vulnerable adults, in line with the provider's policy. During this inspection we found this had improved. The service requested references and proof of identification before employment and disclosure and barring service (DBS) checks were carried out. These checks help

employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. All staff members had a completed DBS check within the last three years which complied with the provider's policy.

Staff knew how to keep people safe and gave examples of following support plans and risk assessments. Staff were able to describe signs of potential abuse. For example, if a person was being abused they may become withdrawn. All the staff we spoke with knew what to do if they suspected or witnessed any abuse. One staff member told us, "I would report anything to [registered manager] straightaway". Staff told us they felt confident the registered manager would act on any concerns.

Safeguarding incidents were recorded and investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Appropriate action had been taken following safeguarding incidents, for example a person's behaviour was monitored and recorded and the nurse had examined them to check for injuries.

People we spoke with told us they felt safe living at Ashwood Court. One person told us, "I'm happy here as I feel safe." Another person said, "Yes I feel safe. There is no bullying or harassment from staff or residents." A relative said, "My [family member] feels safe here."

At the time of our inspection 27 people were using the service, five of whom lived on a unit on the ground floor for younger adults with mental health needs. At the last inspection we found only one staff member was allocated to work on the ground floor with people who could pose a risk to each other and to staff members. During this inspection we found this remained the same and there was still no risk assessment in place to support lone working on this unit. When we asked the registered manager about this they said, "There's no risk assessment for that." This meant we could not be sure if this was safe.

The service employed approximately 55 staff. Staff rotas we viewed showed the typical staffing levels for the service were the registered manager, one nurse, one senior and five care assistants. The service also employed a chef, an administrator, domestic staff and a maintenance person. Night staffing levels were one nurse and four care assistants. The registered manager told us they were currently recruiting one nurse and two care assistants and were using agency staff in the meantime. Rotas showed agency staff were being used on a daily basis.

Most people and relatives we spoke with felt more staff were needed. One person said, "They could do with more staff." Another person told us, "There aren't enough staff. I like to chat sometimes but the staff are always busy." A relative said, "Sometimes they need more staff." Staff we spoke with said more staff were needed particularly on the upstairs unit where people lived with dementia. During the second day of our inspection there were several occasions when people were left unsupervised in communal areas whilst staff supported people with personal care in their rooms.

When we asked the registered manager about this they said, "We're one member of staff down due to sickness today but we usually have three staff upstairs. I use a dependency tool and constantly look at staffing levels as I want the home to be safe. I can put extra staff on if that's needed."

Risks to each person's safety and health were assessed, managed and reviewed. These included risks associated with medicines, swallowing difficulties when eating, mobility and skin care. Appropriate action was taken to reduce the risk of harm to people. For example, people who were at high risk of falls had equipment such as sensor alarms in their bedrooms to alert staff to their movement.

Accidents and incidents were recorded and dealt with appropriately but the analysis lacked detail. For example, information relating to the amount of staff on duty was not analysed which could identify trends. Action following an incident or accident was evident, for example increased observations for people and referrals to the falls team where appropriate.

Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

The provider had an up to date fire safety policy but fire drills had not been completed in line with this. The policy stated that day staff should complete two fire drills each year and night staff should complete three fire drills each year. Records we viewed showed this had not been done. The last fire drill took place in September 2016. When we asked the registered manager about this they said, "I'm going to do a new schedule for fire drills as this needs improving, but staff have just had completed updated fire training."

Regular planned and preventative maintenance checks and repairs were carried out by maintenance staff and external contractors. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as hoists and slings, window restrictors and bed rails. All required checks were up to date.

Is the service effective?

Our findings

At the last inspection we found staff had not received regular one to one supervision with their line manager and some essential training was overdue for most staff. During this inspection we found improvements in supervisions had been made but some staff training still needed to be completed.

Since the last inspection some staff had completed training in a number of key areas such as safeguarding, health and safety and dementia awareness. However, 16 staff needed to complete updated safeguarding and dementia awareness training and 17 staff needed to complete training on the Mental Capacity Act 2005 (MCA). We saw training courses had been booked for staff to attend in the coming months to address this.

We recommend the provider monitors staff training to ensure all relevant training is kept up to date.

The registered manager told us staff training had been reviewed to identify where further training was needed. Where some training needed to be updated we saw evidence that training courses had been booked in the near future. The registered manager told us, "The training is being done on a rolling programme to make sure all training is up to date." A moving and assisting course took place at the service during our inspection.

One person we spoke with said, "Staff don't understand my condition as they haven't been trained in it." When we discussed this with the registered manager they said they would look into staff training to address this.

The provider made sure staff had sufficient support with their professional development. Staff told us and records confirmed they had regular supervisions and an annual appraisal. Supervision is used for staff to discuss their performance, training needs and any concerns. We found the format of supervisions gave staff the opportunity to raise concerns and discuss professional development. Appraisals were carried out annually to review each staff member's practice, behaviours and development. The registered manager had an annual plan in place for supervisions and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 procedure for this in care homes and hospitals are 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 were being met. We saw 12 DoLS applications had been

authorised by the relevant local authority. DoLS applications contained details of people's individual needs and how decisions made were in people's best interests. People's care plans also contained details of the DoLS authorisation. This meant the service was working within the principles of the MCA.

We spoke to staff about people's DoLS and checked their understanding about individual circumstances. Staff were able to describe the reason for the authorisation and how they supported people. For example, accompanying someone to go out so they were safe.

We observed lunchtime in all three of the main dining areas. People were supported to maintain a varied and healthy diet and were given a choice of meals. One staff member told us, "There is a choice if they don't want what's on the menu." People we spoke with confirmed this. One person said, "The menu says pork steaks or chilli and rice for tea but I fancy a bacon sandwich instead. I've asked the chef and she said it's no problem." People told us the food was good. One person said, "I had pizza for lunch and really enjoyed it."

Tables in the dining areas looked nice with tablecloths on and were set before the meal was served. Lunch was mushroom soup and/or pizza followed by bread and butter pudding with custard. Meals looked appealing and wholesome. People received support and encouragement to eat and drink when they needed it and were not rushed. People were asked in a dignified way if they wanted to wear protection for their clothes whilst eating. Specific crockery was used for people who needed specific diets, as recommended by dietitians or speech and language therapy (SALT).

People had access to hot and cold drinks and snacks throughout the day. Staff monitored people's food and fluid intake and weight where appropriate. Records relating to this were seen in people's care records.

We saw from care records that a range of health care professionals were involved in the care and treatment of people using the service, such as community psychiatric nurses, GPs and dietitians to ensure people received effective care. The registered manager said, "We have a good relationship with the community psychiatric nurses and the community nursing team."

Is the service caring?

Our findings

People spoke positively about the care and support they received. One person told us, "I'm well looked after. They treat me with dignity as they knock on the door. They help me feel independent. The staff are kind. They are all lovely and helpful – the care staff and the kitchen staff." Another person said, "The staff listen to us and if I'm down they put things right as they want us to be happy."

Relatives we spoke with said their family members were well cared for. A relative said, "They take good care of [family member] and look after her well. I come in every day and see the staff with their arms around [family member] to comfort them. She can go to bed and get up when she wants. The staff are very kind to her and tell me how she is doing every day." Another relative told us, "It's very good here. [Family member] is always dressed and clean. The staff are as good as gold. They'll do anything for you." A third relative commented, "My [family member] hasn't been here all that long but I'm really happy. Their room is big and has an en-suite which I think is important for dignity. The staff here deserve a medal for what they do, they're fantastic. My [family member] is settled here now so I'm happy."

Some people who used the service were unable to fully communicate their views about the care they received. Throughout the inspection we saw staff interacting with people in a supportive and caring way. We saw one staff member made a cup of tea for a person who was upset, spoke to them kindly and provided reassurance. The person responded well to this and their demeanour quickly improved.

We saw that staff treated people and their relatives with kindness and respect. Staff promoted people's independence where possible. We observed staff members encouraging people to do things for themselves such as eating and drinking, getting up and walking about. Where people needed support with eating and drinking this was done at a pace appropriate to the person. Staff used moving and assisting equipment in a dignified manner. Staff explained to people what they were going to do before they acted and gained consent either verbally or by gestures. Pictorial information about menu choices for example was available for people with communication needs.

People were given choices appropriate to their needs. Staff used people's preferred names and actively encouraged decision making. Staff asked questions like, "What would you like to eat and drink?" "Would you like a sit down?" and "Would you like me to help you with your dinner?"

Staff knew the people they were supporting and their relatives well and had good relationships with them. Communication between staff and people took many forms such as touch, gestures and facial expressions. There was a welcoming atmosphere and lots of laughter in the home. Staff joked with people in an appropriate manner.

The service had received several written compliments from relatives. Comments included, 'Staff have great patience with people with dementia,' 'I would like to say a huge thank you for everything you do for our [family member],' and 'We are impressed with the care, it is a weight off our shoulders.'

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Is the service responsive?

Our findings

At the last inspection we could not be sure complaints were recorded and dealt with appropriately. During this inspection we found this had improved. The provider's complaints policy was readily available for people, relatives and staff. Records we viewed showed that complaints were logged and they had been dealt with appropriately and to the satisfaction of the individuals who had complained. Outcomes of complaints were also recorded, such as additional staff training on wound care.

People we spoke with told us if they had a problem or concern they would speak to staff or the registered manager. Relatives we spoke with knew how to make a complaint. One relative said, "I've never needed to complain as I can't fault the care here."

The provider had introduced an electronic system to record information relating to people's care and support. Care records we viewed had been rewritten since the last inspection and reflected people's current needs. These included care plans which set out people's individual needs and how they preferred to be supported. For example people had individual care plans for daily needs such as mobility, personal hygiene, nutrition and health needs. Care plans were specific to the needs of people as individuals and contained detailed information about a person's individual needs and their preferences in terms of food, drinks and activities. This meant staff had access to detailed personalised information about people's needs and preferences.

Care plans were reviewed on a monthly basis or more often if people's needs changed. People had been included in their own care planning, where capabilities allowed. Some people had limited involvement in their care planning because they could not always communicate their needs fully.

The provider's electronic care record system made it difficult to capture the involvement of people and their relatives in care planning. The registered manager told us they were working on this so involvement could be captured in a different way. Relatives we spoke with felt they were involved in their family member's care. One relative said, "We're always involved and kept informed."

The service employed a part time activities co-ordinator who organised a range of events, activities and entertainment. Each person had an activities record which contained details about what activities they preferred. People's life stories were in the process of being compiled. We viewed completed life stories which contained detailed information and photographs of the person. This meant staff could get to know the person and understand them better. Activities included chair exercises, high tea every week, dominoes, card games, skittles, ball games, jigsaws and movies. Trips out included pub lunches and shopping trips.

Since the last inspection an upstairs room had been converted into a sensory lounge. This was a pleasant and relaxing area which people enjoyed. This provided an additional room for people to sit with visitors. The registered manager told us how they planned to offer more sensory stimulation and activities for people living with dementia.

People and their relatives had been involved in decisions about refurbishment in the home. One person told

us, "We went shopping to buy new sofas for our lounge and we enjoyed lunch out as well."

People spoke positively about the activities programme over the Christmas period. One person told us, "We had a good Christmas. We had a pantomime and a Christmas party and the local priest came in and we sang carols."

Is the service well-led?

Our findings

At the last inspection of this service we found the provider had breached a regulation relating to the good governance of the service as audits and checks to ensure people received safe and appropriate care were overdue. During this inspection we found some improvements had been made in this area but it remained an area for improvement. The provider and registered manager acknowledged there were still improvements to be made in the areas we identified during this inspection such as medicines, accident and incident analysis, frequency of fire drills, staff training and quality monitoring.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will monitor this by asking the provider to send us regular updates on how they plan to meet this regulation.

Audits and checks to ensure people received safe and appropriate care were mostly up to date. Key areas such as safeguarding concerns, accidents, incidents and care plans were reviewed regularly. Further action was taken where improvements were identified. For example an audit of people's meal time experience identified that more dementia-friendly crockery was needed as some had been broken, so this had been ordered.

The provider employed an independent consultant to review the service's progress. They visited the service regularly and provided support to the registered manager. The registered manager spoke positively about this arrangement. The consultant attended the service during our inspection and told us how they had seen improvements in the service in relation to care plans.

The registered manager told us they felt supported by the provider. They said, "The provider is really approachable. They take on board what I say and I can ask them for extra things."

Residents' and relatives' meetings happened every few months. At the last meeting refurbishment plans and activities were discussed and new staff were introduced. One relative suggested high tea once a week and others thought this was a good idea so this happened every Sunday afternoon. At another meeting relatives suggested there wasn't a big enough gap between breakfast and lunch so lunch and tea were served half an hour later than previously. This meant feedback was acted upon. One relative stated at the last meeting, 'The home has improved in the last six months.'

Feedback from relatives and action taken was prominently displayed in the entrance area in a 'you said – we did' format. This meant people and relatives were kept updated.

The service had a registered manager who had worked there since February 2016. The registered manager assisted us for the duration of the inspection. The Care Quality Commission registration certificate and ratings were on display.

Staff meetings were held regularly. Dates of staff meetings for the coming months were advertised. Minutes

of staff meetings contained a good level of detail and were available to all staff so those who did not attend could read them at a later date. Daily 'flash' meetings were held and attended by heads of department for each area of the service. This meant communication across departments was improved and issues could be quickly identified. Staff told us they had enough opportunities to provide feedback about the service.

People, relatives and staff told us they felt the service was well-run by the registered manager. One person told us, "[Registered manager] is a good manager. My opinion is taken into consideration now. We're like a happy family here." A relative said, "The manager is really approachable and the atmosphere is good. Things are much better now." Another relative commented, "I've seen lots of improvements over the last year like areas being painted and new furniture. The atmosphere is much better."

Staff told us the registered manager was open, honest and approachable. One staff member said, "Things are so much better here now. [Registered manager] is great. They're so easy to talk to and they listen to you." Another staff member commented, "The manager is great. If I have any views I can air them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have safe and effective systems in place in relation to people's medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a)