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Ascot Nursing Home - Middlesbrough

Inspection report

19-21 The Crescent
Linthorpe
Middlesbrough
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15 June 2017

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 and 15 June 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. The service was last inspected on 28 January and 10 February 2015 and was meeting the regulations we inspected at that time.

Ascot Nursing Home is located in Linthorpe on the outskirts of Middlesbrough, in close proximity to public amenities. It provides nursing and personal care to people, including people living with a dementia. The home has a number of communal areas including three lounges, a large dining area and a conservatory leading out to the garden. There are bedrooms and bathrooms on all three floors for which there is lift access. It provides care and accommodation for up to 34 people. At the time of our inspection 32 people were using the service.

At the last inspection on 28 January and 10 February 2015 the service was rated Good. At this inspection we found the service remained Good.

There was 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 and their relatives told us the service kept people safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. The safety of equipment and the premises were monitored to ensure they were safe for people to use. Medicines were managed safely. Procedures were in place to safeguard people from abuse. The provider and registered manager regularly reviewed staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment procedures minimised the risk of unsuitable staff being employed.

People and their relatives told us staff had the training and knowledge needed to provide effective support. Staff received training and updates the provider deemed mandatory to support people safely. Staff were also supported through regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 (MCA) were protected. People were supported to maintain a healthy diet and to maintain and promote their health by accessing external professionals.

Without exception people and their relatives spoke positively about the care and support they received, describing staff as kind and caring. Staff worked hard to create a welcoming and homely atmosphere and people told us they felt at home at the service. People were treated with dignity and respect. Staff understood the importance of promoting people's independence. We saw numerous examples of kind and caring support being delivered throughout the inspection. The provider and staff were committed to enhancing people's quality of life. People were supported to access advocacy service and end of life care when needed.

During our last inspection in 2015 we found the service to be outstanding in responsive. When we returned for this inspection we found it continued to be outstanding in this area. People and their relatives told us the service was extremely responsive to their needs and that staff accommodated their wishes as much as possible. Personalised, individual care was the highest priority of the provider, registered manager and staff. People received personalised support. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access a wide range of personalised activities. Policies and procedures were in place to respond to complaints.

Staff spoke positively about the culture and values of the service. People, their relatives and staff spoke positively about the provider and registered manager. Feedback was sought from people, relatives and visiting external professionals. The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Outstanding.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Ascot Nursing Home - Middlesbrough

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 13 and 15 June 2017 and was unannounced. This meant the provider did not know we would be visiting. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a social work background and experience of arranging and providing care for people.

We reviewed information we held about the service, 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.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, Healthwatch and other professionals who worked with the service to gain their views of the care provided by Ascot Nursing Home.

During the inspection we spoke with five people who used the service. We spoke with six relatives of people using the service. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with 14 members of staff, including the provider, registered manager, the activities co-ordinator and care, kitchen and domestic. We also spoke with three visiting external professionals. We

looked at four staff files, which included recruitment records.

Is the service safe?

Our findings

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Risks to people were assessed in a number of areas relevant to their support needs, including moving and handling, infection control, swallowing and falls. Recognised tools such as the Braden scale were used to assess and reduce risk. The Braden scale is used to assess people's risk of developing pressure sores. The provider carried out positive risk assessments, where staff tried to keep people safe with minimal interference with their freedom of choice. For example, for one person bed sensor mats were used instead of bed rails so the person did not feel confined in bed. In another example, a relative praised the pro-active risk assessments carried out by staff which promoted a person's independence while also keeping them safe.

The safety of equipment and the premises were monitored to ensure they were safe for people to use. Regular maintenance checks were carried out of window restrictors, bed rails, water temperatures, mattresses and wheelchairs. Required maintenance and test certificates were in place in areas such as gas and electrical safety, hazardous waste disposal and firefighting equipment and alarms. A monthly fire safety audit was carried out to review fire safety procedures. Plans were in place to support people in emergency situations and to provide a continuity of care in situations where the service was disrupted. Accidents and incidents were monitored to see if improvements could be made to people's safety.

Medicines were managed safely. The provider's medicine policy provided guidance to staff medicine management, including the use of 'as and when required' (PRN) medicines and medicine storage. Medicines were safely and securely stored, with daily temperature checks to ensure suitable storage. One person was using prescribed controlled drugs and these were appropriately managed and securely stored. Controlled drugs are medicines that are liable to misuse. People had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs we looked at had been completed without gaps and appropriate coding used when medicines were declined.

Procedures were in place to safeguard people from abuse. Staff were familiar with the provider's safeguarding policies and said they would not hesitate to raise any concerns they had. Records confirmed that where issues had been raised they had been investigated in line with the provider's policy.

The provider and registered manager regularly reviewed staffing levels to ensure enough staff were deployed to support people safely. Staffing levels were based on people's level of dependency, and the provider said they would not hesitate to increase staffing levels if people needed additional support. Staff told us there were enough staff at the service and said absence through sickness and holiday was covered.

The provider's recruitment procedures minimised the risk of unsuitable staff being employed. References were sought, proof of identity verified and Disclosure and Barring Service (DBS) checks carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Is the service effective?

Our findings

People and their relatives told us staff had the training and knowledge needed to provide effective support. One person we spoke with told us staff received specialist training from the local hospital when they started using the service to ensure they had the skills needed to support them. A relative told staff were knowledgeable about one person's complex support needs.

Staff received training and updates the provider deemed mandatory to support people safely. This included training in fire safety, moving and handling, infection control and health and safety. In addition to this staff received training in areas such as dementia care, managing behaviours that can challenge, nutrition, safeguarding and food hygiene. Training was regularly refreshed to ensure it reflected current best practice. The provider and registered manager monitored and planned staff training on training charts, and these showed training was either up-to-date or planned. Nursing staff were supported to complete the training and updates needed to retain their professional registrations.

The service also had 'champions' in areas such as falls, dementia care and nutrition. They received additional training and updates and were available to provide guidance to other members of staff.

Staff spoke positively about the training they received. One member of staff said, "Training is good. We get a lot. If we want more we get it." Another member of staff said, "We learn a lot doing practical training."

Staff were also supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful, and records of them we looked at showed staff were encouraged to raise any support needs they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. At the time of our inspection one person was subject to DoLS authorisation and another was being assessed for an authorisation. DoLS applications had been made in a timely manner based following assessments based on the principles of the MCA. Care records contained evidence of best interest decisions made on people's behalf and the involvement of Lasting Powers of Attorney (LPA) where relevant.

People were supported to maintain a healthy diet. People's dietary needs and preferences were assessed when they started using the service and set out on their care plans. We observed people enjoying lunch during our inspection and saw that these care plans were followed. Kitchen staff were knowledgeable about people's specialist diets, which included coeliac, gluten-free and pureed diets. A menu was in place but we saw that people were free to choose any foods not listed and these were provided. Throughout the day

people were regularly offered drinks and snacks.

People were supported to maintain and promote their health by accessing external professionals. Care records contained evidence of close working with professionals such as GPs, district nurses, occupational therapists and speech and language therapists. On the first day of our inspection an optician was visiting to carry out eye tests.

Is the service caring?

Our findings

Without exception people and their relatives spoke positively about the care and support they received, describing staff as kind and caring.

Staff worked hard to create a welcoming and homely atmosphere and people told us they felt at home at the service. One person we spoke with told us how they regarded their room as their flat, and that after the came downstairs for meals and activities they went "home" back to their room. Another person told us, "I class it as my home."

People were treated with dignity and respect. Throughout the inspection we saw staff speaking with people in a warm and friendly but professional matter. Staff clearly had close and friendly relationships with people at the service but maintained professional boundaries at all times. We saw staff referring to people by their preferred names and knocking on people's doors and waiting for a response before entering. Staff completed paperwork and discussed people's support needs in quieter areas of the building to maintain people's confidentiality. One member of staff we spoke with said, "People's privacy is paramount. We are always aware of dignity and respect, for example we close curtains when supporting people with personal care in their rooms on the ground floor as you never know when people might walk past."

Staff understood the importance of promoting people's independence. We saw staff encouraging people to carry out whatever tasks they could for themselves, whilst always being on hand to provide support where needed.

We saw numerous examples of kind and caring support being delivered throughout the inspection. For example, we saw staff having a friendly conversation with one person who was finishing their breakfast. Several jokes were shared and the person walked away laughing. In another example we saw one person chatting and joking with a pet therapist who was visiting the service.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. Advocacy services were also promoted in communal areas around the building, and the provider told us how people would be supported to access these services if needed.

Policies and procedures were in place to support people with end of life care when needed based on the Gold Standard Framework. The Gold Standard Framework is a systematic, evidence-based approach to optimising care for people approaching the end of life. The provider told us how relatives of people receiving end of life care were involved in this, including by the provider making accommodation and toiletries available so they could stay with their loved ones at the service.

Is the service responsive?

Our findings

During our last inspection in 2015 we found the service to be outstanding in responsive. When we returned for this inspection we found it continued to maintain excellent practice and be outstanding in this area. Without exception personalised, individual care was the highest priority of the provider, registered manager and staff. People and their relatives told us the service was extremely responsive to their needs and that staff accommodated their wishes as much as possible.

People's supported needs and preferences were assessed in a number of areas before they started using the service, including nutrition, mobility, pressure care, sleep support and sensory needs. Where a support need was identified care plans were drawn up that were highly personalised and placed the preferences of the person at the heart of the care they received. For example, one person's care plan contained lots of information on their bathing routine, which meant the person received precisely the kind of support they wanted. Another person's communication care plan contained guidance to staff on the precise words and phrases that could be used to support the person to express themselves. This helped the person to feel involved and empowered. A relative we spoke with told us staff had worked very hard to develop a care plan which reduced the risk of a person being admitted to hospital, which they always found very distressing. The outcome was that hospital visits by the person had been considerably reduced, which enhanced their quality of life.

Care plans were regularly reviewed to ensure they reflected people's current needs and preferences, and people and their relatives were supported to take part in these reviews to ensure people's voices were heard. There was a clear sense that people owned their care plans and were in charge of the support they received. People and their relatives confirmed that they were involved in planning people's care, which helped ensure it reflected their preferences.

The provider and staff were committed to enhancing people's quality of life. Each person was given a 'Wish a Month' whereby they were asked to name one thing they would like to do that month and staff tried their hardest to carry this out. Records of this scheme showed that wishes were usually carried out and that people enjoyed the things they had asked for, for example special meals or pampering treatments with staff.

In addition, during care plan reviews the provider had a policy of asking people and their relatives for three things that would help improve the person's quality of life. Records confirmed that staff worked hard to carry those suggestions out. For example, one person had requested a new television for their room as they were having difficulty seeing the one they had. A new television was purchased, and there was a photograph of them smiling and watching it. Another person had asked to spend more time in the garden area. This had been arranged for them, and records confirmed they were happy with the outcome.

The provider, registered manager and staff had excellent knowledge of the people they were supporting. This included detail of their support needs, preferences and daily routines. Throughout the day we saw staff updating each other on the support people had received, and a detailed handover of such information took place when staff shifts changed. This helped ensure people received personalised care.

Meetings for people using the service also took place regularly to provide another forum for them to raise any issues they had. People's enjoyment of activities was also regularly discussed in resident meetings. Records showed that where people had said they enjoyed activities more of these had been provided. A visiting external professional told us, "It's really good here. The provider knows everyone's name. We get a questionnaire asking if we have seen anything we are not happy with and whether we have any suggestions."

People were supported to access a wide range of personalised activities. The provider employed an activities co-ordinator, who was dedicated to providing activities that would appeal to everyone who used the service. The did this by spending time with people and getting to know their interests, then using this information to arrange activities that people would enjoy.

The service provided a wide range of activities. These included visiting entertainers, pet therapists, parties and celebrations at the service, trips to community services and attractions and one to one activities such as pamper sessions. Activities at the service were planned with an emphasis on how people had spent time at home before moving into the service, such as film nights with popcorn and chocolates or films on Sunday after Sunday lunch with a glass of Prosecco and a choc-ice. People spoke extremely positively about the activities on offer at the service. One person told us, "I'm getting my nails done this morning and then the sing song this afternoon. If I don't want to do an activity, I don't do it."

The activities co-ordinator kept records of people's participation in activities and whether they had enjoyed them. This helped them to keep activities under review so that there was always something available that people would enjoy.

The service also had a 'dementia buddy'. The dementia buddy was a volunteer who had experience of caring for people living with a dementia. They used their expertise to help the activities co-ordinator plan and deliver dementia friendly activities. For example, one activity involved people living with a dementia helping to cook gingerbread men. This meant the provider and staff worked hard to include everyone at the home in activities they enjoyed.

Policies and procedures were in place to respond to complaints. The provider's complaints policy was set out in the service user guide given to people when they started using the service. There had been one complaint since our last inspection, and records showed it had been investigated in line with the policy and an outcome given to the people involved.

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "It's like one big family. Friendly, and we listen. We always do our best for the people here." Another member of staff said, "A lovely home. I get on well with everyone. Good staff and people. We have lovely team work."

People, their relatives and staff spoke positively about the provider and registered manager. The provider was a very visible presence at the service and clearly knew people and their relatives well. Staff said they felt supported by the provider and registered manager and confident to raise any issues they had with them. One member of staff told us, "We are supported by the manager and the owner. I would be happy to go and raise any issues I had." Regular staff meetings were held, which staff said were useful to share knowledge and discuss any support needs they had.

Feedback was sought from people, relatives and visiting external professionals. Annual surveys were carried out, and this had most recently been done in August 2016. We reviewed the results of these and saw that positive feedback had been given. For example, people who responded had answered 'excellent' or 'good' to every question asked. One person had commented, 'I like having my own personal curtains in my room.' External professionals had also used the survey to leave positive feedback. For example, one stated, 'They have regular nurses so must be able to retain staff. I have rarely seen a bank nurse.' Where specific issues were raised records confirmed that action had been taken to address it. For example, one relative left feedback about some clothing going missing in the laundry. This led to changes to the labelling of people's clothes.

The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits included care plans, physical checks of the building, staffing levels, accidents and health and safety. Records confirmed that where an issue was identified remedial action was taken to address it. For example, an audit of one person's care plan found that their food chart did not always include detail on the portion size of the food they had eaten. This was amended and more detailed records put in place.

The provider had developed links with other organisations and agencies to help share best practice and improve standards at the service. For example, the provider worked with a local university to offer apprenticeships at the service which they said helped them to recruit a stable, highly skilled workforce.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.