Three Ashes Care Home Limited

Three Ashes Residential Care Home

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?	**Outstanding**

Overall summary

This inspection took place on 3 and 4 November 2015 and was unannounced. Three Ashes Residential Care Home provides accommodation for up to 11 people. At the time of our inspection there were 11 people living there.

There were six people living with dementia in the home. People had bedrooms with en suite facilities. They also had access to a shared bathroom as well as living and dining areas. The grounds around the home were accessible to everyone.

Three Ashes Residential Care Home 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.

The registered manager had high expectations of the standards of care to be delivered and staff endorsed this

Summary of findings

making sure people were able "to continue to live the life that they want to live" . Quality assurance systems gave people, their relatives and staff the opportunity to provide feedback and their views about the service provided. This was used to progress and drive through improvements. National developments and best practice guidance were actively implemented within the service to improve people's experience of care.

People living at Three Ashes said they were "lucky" to live there and it was a "good place to be". Relatives confirmed this saying "care is exemplary" and "Nothing but kindness and care". People's care was individualised and reflected their preferences and lifestyle choices. They and those important to them were involved in reviewing their care and kept up to date when people's needs changed. Staff had a good understanding of people's needs and provided care and support with dignity, compassion and light heartedly. The atmosphere in the home was cheerful, with staff positively interacting with people, reassuring them when needed and supporting them to be independent in their day to day lives.

People felt safe living in the home and knew how to raise concerns or any worries they may have. Staff and the registered manager were open and accessible, listening to people and responding to them respectfully. Safe procedures were in place when recruiting staff to make sure they had the skills, knowledge and competency to support people. Staff said they worked well as a team and had access to a range of training as well as courses specific to people's needs. Staff understood how to keep people safe, whether through protecting them from abuse or minimising risks from injury. People were supported to stay well through a healthy diet, access to health care professionals and through the safe administration of medicines.

People enjoyed a range of activities at home and within the wider community. They liked to go out for day trips and visiting people in other homes operated by the provider to join in with their celebrations and activities. Care was taken to prevent them from being socially isolated with children from local schools visiting as well as local people being invited to take part in developing the large gardens around the home. Visitors said they were always made to feel welcome and feedback from one relative confirmed staff are "an excellent example to those employed in the care sector".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected against the risks of bullying and harassment. They felt safe and staff had a good knowledge of safeguarding procedures.

People were supported to take risks whilst any known hazards were minimised to prevent harm or injury.

People were supported by sufficient numbers of staff who had the skills and knowledge to support them.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to training and courses to keep their knowledge and skills up to date. Staff felt supported and worked well as a team.

People's consent to provide their care and support was sought in line with the Mental Capacity Act 2005. The relevant authorisations were obtained for people deprived of their liberty.

People enjoyed their meals and had enough to eat and drink. People at risk of losing weight were closely monitored and given fortified foods to help them maintain their weight. People were supported to access health care professionals to provide on-going health care support.

Is the service caring?

Good

The service was caring. People were treated kindly and with compassion. When upset people were reassured and staff were polite and respectful.

People and those important to them were involved in making decisions about the care and support provided.

Is the service responsive?

Good

The service was responsive. People received individualised care and support which reflected their personal preferences and lifestyle choices, past and present. People had the opportunity to participate in a wide range of activities which included day trips, events at other homes and celebrations in their own home. Social isolation was avoided by inviting local people and people from other homes to join people at Three Ashes.

People were confident any concerns or worries would be listened to and the necessary action taken in response.

Is the service well-led?

Outstanding

The service was well-led. People and staff were actively involved in developing the service and their views helped to shape the development of the home.

Summary of findings

The registered manager was open, accessible and promoted high standards of care and support.

National guidance and best practice were used to drive and make continuous improvements. Quality assurance processes monitored the service provided to make positive improvements to benefit people's experiences of care.

Three Ashes Residential Care Home

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.

The inspection took place on 3 and 4 November 2015 and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a provider information return (PIR). The PIR 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 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 also reviewed information we have about the service including past inspection reports and notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we talked with seven people living in the home and one visitor. We spoke with the registered manager, three care staff and domestic staff. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for two staff, quality assurance systems and health and safety records. We observed the care and support being provided to people. After the inspection we contacted three health and social care professionals.

Good

Is the service safe?

Our findings

People were protected against the risks of potential abuse and bullying. People confirmed they felt safe. One person told us, "No-one here is going to be bullied, we talk things through together and we all fit in well." Staff discussed with us how they kept people safe and what they would do if they had any concerns about their safety. Staff were about to refresh their safeguarding training and often discussed safeguarding at their staff meetings. The registered manager had raised concerns on behalf of people to the local safeguarding team, keeping families and relatives informed of what was happening and why. They reflected about the strategies they had taken to keep people safe from bullying and harassment. Social and health care professionals were involved throughout about any actions taken. People and staff had access to information about local safeguarding procedures.

Occasionally people became upset or emotional. Staff talked through how they supported people to become calmer. People's care records clearly detailed what might upset them, such as noise or becoming annoyed by certain people. Records described how staff should support them and how to help them settle, for example going for a walk, to their room or having a cup of tea. Staff levels had been reviewed in light of changes in one person's needs and had been increased at times throughout the day to provide additional support. When people became upset monitoring records were kept which could be analysed to review what might have triggered them to become unhappy. These monitoring forms were also available for visiting health care professionals when they reviewed people's care. Physical intervention was not used by staff, who were guided to give people space and remove themselves rather than face a confrontation. Records confirmed staff were doing this.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People's risk assessments had been discussed and reviewed with them and their family. They described how to keep people, at the risk of falling, safe by using equipment such as mobility aids or bed-sides. Where people were at risk of their skin breaking down the appropriate equipment had been provided such as mattresses and cushions and they were turned in bed at intervals throughout the day. One relative commented, "Considering [name] is in bed all day, her skin is in really good condition."

People were kept safe from the risk of emergencies in the home. Each person had a personal evacuation plan in place describing how to support them to leave the home. This was also reflected on a graph using red, amber and green to highlight those who needed support from staff. A contingency box provided staff with need to know information about emergency services, the out of hours support as well as providing torches and thermal blankets. Fire systems and checks were monitored and serviced to make sure they were in good working order.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. For example, one person started to have falls and staff investigated whether this was due to a decline in their physical or mental health. The appropriate health care professionals were involved. There was evidence after interventions to change their medicines and their footwear, that the incidence of falls had reduced.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager was not based at the home but visited regularly. Staff said they had good management support from the registered manager as well as managers from other services operated by the provider. They always knew someone was at the end of the phone, no matter what time of the day or night, to give advice and support. A system had also been put in place for night staff to check in on hourly intervals with the provider's out of hours service. If they did not receive a call they made contact with staff at the home and then the out of hours cover for the home if needed. Staff cover for sickness or annual leave was provided from other services owned by the provider. The registered manager said they allocated the same staff to ensure a consistent approach. Staff had access to transport supplied by the provider to get to the home. People told us, "We have some good staff here" and "Staff are lovely". A relative commented, "They keep staff consistent". Feedback to the provider included, "Nothing is ever to much trouble."

Staff were comfortable raising concerns to the registered manager and senior management. They said they knew they would be listened to and the appropriate action taken

Good

Is the service safe?

in response to anything they raised. Copies of the whistle blowing procedure were displayed in the office area. Staff said the registered manager had high expectations of performance from them and they respected this.

Peoples' medicines were managed and administrated safely. Weekly and monthly audits monitored how they were managed and raised any issues promptly. Where actions had been identified the registered manager discussed these with staff either individually or as a team. She was closely monitoring the recording for 'as necessary' medicines. These were still being recorded inconsistently by staff although there had been some improvement. Medicines administration records (MAR) were mostly completed satisfactorily. Handwritten entries were countersigned and dated. Most 'as necessary' medicines when administered had been correctly recorded on the MAR. Protocols were in place for the use of these medicines giving the rationale for their use and the maximum dose to be given. Records confirmed these medicines were not being over-used.

People received their medicines when they wished and at times to suit them. Observation of medicines being given to people confirmed they were given safely. Staff made sure medicines were given with the correct length of time between doses. Staff described what they were giving to people and why. People were offered 'as necessary' medicines and if they refused, this was also being recorded. Medicines were stored safely. Stock records for all medicines were kept on the MAR. Items were returned to the pharmacy when necessary.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People told us, "The girls are lovely", "Gorgeous girls, they look after us" and "We are looked after alright". Staff said they were "really supported" by the provider and the registered manager, telling us "they give us training when we need it" and "we communicate well as a staff team".

People's changing needs provided a focus for specific training offered to staff for example, continence awareness, dementia and sundowning training (in relation to the effects of dusk on people living with dementia). The provider had established their own training company as well as sourcing other training providers to ensure staff had access to training linked to national best practice. A training plan for 2015 highlighted when staff needed to complete refresher training such as fire or moving and handling. There was evidence on the staff rota that training had been scheduled and staff had been allocated time to complete this. A member of staff told us, "Training is so important, it is important to be part of the move forward in changing practice." In addition, staff were observed carrying out medicines administration, moving and handling and personal care tasks, to assess their competency in these areas. Questionnaires were also used to assess the understanding of any courses or training staff had attended. If needed additional guidance or support was provided but more often staff were congratulated for their high standards of care.

The new care certificate had been established by the provider as part of the induction process for new staff. Staff were encouraged to develop professionally registering for the diploma in health and social care. They said they had individual meetings (supervision) with the registered manager. Records confirmed staff received regular supervision and an annual appraisal. These are opportunities for staff to meet with their line manager to receive support and discuss their performance, support and training needs. Staff meetings had also been held each month providing the opportunity for staff to talk about people's care needs and reflect on key policies or procedures such as whistle blowing or safeguarding.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. The provider had evidence where people had legal powers of attorney. Where a lasting power of attorney was appointed they had the legal authority to make decisions on behalf of a person, unable to make decisions for themselves, in their best interests. There was evidence that for those people unable to make decisions about their care, decisions were made in their best interests. Records used made the distinction between significant decisions, such as where to live, and specific decisions, for example taking medicines or receiving personal care. If people had fluctuating capacity to make decisions, due to illness or poor mental health, this was recorded. People's mental capacity had been assessed in line with the Mental Capacity Act (MCA) 2005 and those involved in these decisions were identified, for example their GP, Psychologist or a person important to them. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Where people had been deprived of their liberty, applications had been submitted to the local authority for a deprivation of liberty (DoLS) authorisation. A deprivation of liberty safeguard provides a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager was aware of changes (March 2014) in the case law around DoLS and that additional DoLS authorisations may need to be submitted as a result. Arrangements for the security of the home had been reviewed and a new system of electronic door locks was being put in place. The rationale for this was to keep people safe and not to restrict their liberty. The use of a stair gate at the top of a flight of stairs was being reviewed and the registered manager indicated this would be removed. People who had bed-sides in place, had clear records which described the reasons for these as well as their consent or the consent of their legal representative. The provider information return confirmed, "care is delivered in the least restrictive way".

People or their loved ones had been involved in discussions with their GP about do not attempt cardiopulmonary resuscitation orders (DNACPR). These were in place for some people and had been authorised by their GP, with the rationale for this decision indicated. DNACPR orders are a decision made in advance should a

Good

Is the service effective?

person suffer a cardiac or respiratory arrest about whether they wish to be resuscitated. People's care records also highlighted discussions about resuscitation and their wish to be resuscitated.

People said they enjoyed the meals provided; "The food is good here, you can't fault it" and "We have variety, they find out what we like and don't like". People had a choice of two main meals and deserts but an alternative was offered if needed. People chose where to sit and with whom. If people needed help to eat their meals this was provided. Staff were attentive to people they helped. Specialist crockery and cutlery was used when needed to encourage people to eat and to maintain their independence. Peoples' specific dietary needs were considered. People at risk of losing weight had meals fortified with butter and cream or full fat milk. Their food and fluid intake was monitored and recorded. People's weights were closely monitored to make sure they were not continuing to lose weight. Tips had been provided from the local health authority about "treating loss of appetite". People who needed their food to be cut up or to be pureed were served food which looked appetising. People were observed enjoying their meals and the social aspect of sitting together for a meal.

People were able to help themselves to cold drinks and snacks which were provided around the home. Staff offered hot drinks throughout the day and people enjoyed an aperitif before lunch and a glass of wine with their meal, if they wished. The registered manager described plans to provide facilities for people to make their own snacks or light meals and hot drinks.

People's changing needs were closely monitored to make sure their health needs were responded to promptly. People had access to their GP, community nurses, optician and chiropodist. When people needed a dentist an appointment was made with a local dentist. People were also supported to attend appointments at local hospitals. People and those important to them were given information and explanations about their health needs. One relative commented, "I can't fault the care being given, the district nurses are the same. Staff always tell us what she has eaten, if in pain or about any treatment."

Good

Is the service caring?

Our findings

People were treated with kindness, care and sensitivity. People told us, “We have some good people here” and “We all get on well together”. “ Feedback to the provider included, “I could see she was being well looked after”, “care is exemplary” and “nothing but kindness and care”. Staff told us, “We treat people like we would treat our family” and “People are really well looked after”. Interactions between people and staff were positive and light hearted; the atmosphere was jovial.

People’s personal preferences and diversity were recognised and identified in their care records. These were understood and valued by staff. People had access to religious services of their choice. If they had preferences for the gender of staff helping them with their personal care this was recorded and as far as possible respected. People’s backgrounds and histories had been discussed with them and those important to them. New records were to be developed to reflect this information and recording it in a more accessible format using photographs and pictures. Staff were observed chatting with people about their interests and their loved ones. Visitors were welcomed and one relative who visited often said they felt they could visit whenever they wished.

People’s preferred methods of communication were acknowledged in their care records. For one person staff were prompted to “speak slowly and clearly. Give appropriate and relevant information, write it down if needed”. Staff also had access to a communication book with pictures, symbols and photographs which provided visual prompts when talking with people. A relative commented, “She smiles at them so she knows them, recognising their voices”. The registered manager described how they were planning to introduce a five senses box to use with people at the end of life. This tool box would be used by staff to stimulate the person’s senses whenever they engaged with them, by using smells, tastes or music they liked. A person was observed humming along to their favourite songs.

People occasionally became unhappy due to illness or poor health. Staff responded quickly to them reassuring them and helping them to settle or become calmer. People’s care records described how staff should support people and staff spoke with confidence about how to engage positively with people. When one person became upset staff were prompted to talk to them about their travels or their hobbies. A mental health professional said they “had no concerns about the way people were cared for”. People had access to information about advocacy services.

People and those important to them were involved in making decisions about their care and support. A relative confirmed they were kept informed and involved in reviews of care. As part of the annual quality survey relatives were prompted to come into the home to discuss people’s care. People chatted with the registered manager or senior staff individually about their experience of care as well as meeting each month as part of a small group. People were supported to make choices about their day to day lives, such as what to eat, what activities to take part in and where to spend their time. Staff said they were moving away from routines to more individualised care for example one person liked to stay up late and this was respected. Another person liked to sleep in and make their own breakfast mid-morning.

People were supported with dignity and respect. Staff were professional in their approach, promoting people’s independence with patience and compassion. People commented, “We never have any trouble, no sulks”, “It’s a good place to be, I love it” and “Staff make our home liveable”. Compliments to the provider included, “Staff were attentive”, “Nothing is ever too much trouble” and “Nothing but kindness and care”.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the assessment and planning of their care and support. Before moving into the home assessments had been received from social or health care professionals and these were used to develop individualised plans of care. The provider information return (PIR) stated, "Service users are encouraged to participate in their care planning and reviews" and "the next of kin are invited to come and discuss the care plan of their loved one". By including others involved in the person's life in this process, care plans were able to reflect people's personal histories, their background and current interests. People were encouraged to make choices about their care and take control of the support being provided to them. For example, one person wanted to know if changes to staffing overnight would impact on their wish to stay up late. They were reassured they could continue to decide when they wanted to go to bed and if they wanted to get up in the night this was fine also.

People's changing needs had been closely monitored and their records updated to reflect any changes to their care or support. For instance, a person had experienced a number of falls and their care records had been updated to prompt staff to monitor their fluid intake in case this had caused an infection leading to increased risks of falls. Monitoring forms confirmed the person was having access to drinks throughout the day. A person at risk of developing pressure sores was being closely monitored to make sure their skin condition was satisfactory. Staff applied creams to areas identified in a body map. The person was also moved regularly in bed. Their relative and staff confirmed this person had a good appetite and fluid intake helping their skin to remain in good condition. Their care plans confirmed this and were cross referenced to make sure staff monitored all aspects of their care which were inter-related.

People reflected about the activities they had enjoyed during the summer months such as visits to the zoo, a boat trip and going to the seaside. They shared with us a photograph album illustrating the range of activities they had the opportunity to take part in. The provider supplied transport and a driver enabling them all to go out. One person who was unable to go out had extra treats and one to one support at home whilst people were out for the day. People were observed enjoying games such as quizzes or dominoes as well as having individual time with staff when having manicures. Staff said they had also developed strategies to distract people living with dementia as dusk was falling. They played games or encouraged people to help lay tables or clear away crockery. There were plans to invite people to help with the house keeping. People had the opportunity to do some baking and everyone was to be involved in preparing the Christmas pudding.

Care was taken to prevent people from being socially isolated both within their home and in their local community. In the future, the registered manager said, people would have access to a cabin in the garden which would offer an alternative venue for afternoon tea parties, therapies and other social events. There were also plans to develop a maze in the large gardens around the home to provide people with a safe environment which they could wander around. The registered manager described plans to develop a community garden or small holding, offering local people the opportunity to take responsibility for allotments. People told us they loved visits from children from the local school who came to sing to them. A person said, "We get to know them and they know us". They had also enjoyed a recent harvest festival celebration, overseen by a local vicar. Friends, family and residents from another home owned by the provider had attended. One person commented, "I really enjoyed it, my relatives came and everyone mingled. Even the main people (managers) joined in." Another successful event had been a virtual cruise when people had joined other people at another home owned by the provider. They had enjoyed food, music and celebrations for stop overs around the world. Although one person commented much as they liked to do this, "we miss being here".

People said they had no concerns about their care or support. They told us they would talk to staff or the registered manager if they had any worries. They commented, "We talk things over with the manager", "I talk to the heads (managers)" and "We have a conference to discuss problems and talk things through". One person said, "I speak my mind and would tell them if there was a problem." The complaints procedure was displayed around the home. This provided additional information about who people could raise concerns with if they were unhappy with the provider's response. The provider had not received any complaints. They had received four compliments in the last

Good

Is the service responsive?

12 months. The PIR stated, “The service has a culture of openness and transparency and ensures that any complaint no matter how small is listened to and acted upon following a full investigation.”

Outstanding ☆

Is the service well-led?

Our findings

People told us, "It's a good place to be" and "I am lucky to live here". A member of staff said, "This is the best provider I have ever worked for". Each year people, those important to them and staff took part in a survey to give their views about their experience of the service. The provider produced an analysis of this and an action plan to make improvements which reflected this feedback. Some of the improvements included expanding activities for people and installing a new call bell system. People also had the opportunity to talk about their experiences at individual meetings with staff, reviews of their care, residents' meetings and informally with the registered manager. The provider information return (PIR) stated, "The manager operates an open door policy for all" which ensures that "both service users and staff are encouraged and supported within the decision making process of the service".

The vision for Three Ashes was to provide the "highest standards of care" so that "service users receive the best possible outcomes and are able to continue to live the life that they want to live". Staff confirmed this vision saying "People are brilliantly cared for, they are well looked after" and "People receive more personalised care, the care they receives reflects how I would like to be treated". Staff said the registered manager had "high expectations of staff and would challenge poor practice". They commented, "Even when she is not around we work to her high standards." Feedback to the registered manager included, "[name] is outstanding" and staff are "an excellent example to those employed in the care sector".

The registered manager was supported by a senior carer as well as managers from other homes owned by the provider. Staff said there was always someone available for advice and to support them. The registered manager understood her responsibilities as a registered manager and had submitted notifications to the Care Quality Commission (CQC). Services tell us about important events relating to the service they provide using a notification. She confirmed notifications would be sent to CQC for authorisations just received for Deprivation of Liberty Safeguards. Feedback from staff about the registered manager included, "She is an inspiration, she is supportive and provides excellent staff support", "Can't praise her enough" as well as "Brilliant".

Quality assurance audits were carried out to monitor the quality of the service provided. These checked on areas such as health and safety systems, care records, medicines administration and the environment. Analysis of accidents, incidents and near misses made sure strategies were put in place to keep people safe. A visit from the local environmental health department had resulted in the highest award of five stars after some minor actions had been resolved. The registered manager discussed with the provider the outcomes of quality audits and they identified areas for further improvement or where resources needed to be targeted. This ensured the service was moving forward and continually striving to develop.

The registered manager described how she kept up to date with national guidance and best practice developments. She worked in partnership with a local care provider's association, the local county council and commissioners. In addition to this, Three Ashes had been chosen as part of a pilot with the local clinical commissioning group to assess best prescribing practice for GP's. The medicines prescribed to people living in the home had been assessed and reviewed with positive outcomes for people who had some medicines stopped or replaced. The registered manager had also used the King's Fund tool to assess "how dementia friendly" the care home was. This had resulted in some significant changes they were about to implement such as staff no longer wearing uniforms and new signage around the home. Two members of staff had been identified as dementia link workers and were due to start training. The registered manager said they recognised the need to further develop the service to meet the needs of people living with dementia and these tools helped to identify how to improve their experience of care. A member of staff reflected, "It's so important to keep up to date with changes and learn new techniques."

The registered manager had recognised the challenges of maintaining a consistent staff team in a rural environment. Arrangements had been made to provide transport for staff helping out from another home owned by the provider so that the same staff could work in the home when needed. Future improvements to the facilities offered by Three Ashes included providing a computer system and satellite television, for one person who wanted to watch sports. The registered manager had discussed with people and staff the introduction of "community interdependence" which would introduce new ways of working for staff creating a "can do" attitude towards facing challenges together.

Outstanding ☆

Is the service well-led?

Positive solutions would be sought to people's challenges and needs reflected by positive risk taking. Staff had already engaged with this philosophy and were looking forward to the changes ahead.