W Scott

Ascot House - Nottingham

Inspection report

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Date of inspection visit: 20 and 21 October 2014
Date of publication: 01/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This Inspection took place on 20 and 21 October 2014. Ascot House can accommodate up to 20 people. The service is registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury. The service is for males only. There were 16 people using the service when we inspected.

The service is managed by the registered provider, so does not require a registered manager. Registered providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 4 July 2013 we asked the provider to make improvements to the assessment and delivery of care, the management of infection, the

Summary of findings

process of recruitment checks and the maintenance of the environment. We found at this latest inspection that the provider had made the improvements in line with the action plan they provided us with.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA and aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The manager confirmed that people were not subject to any DoLS at the time of our inspection.

The human rights of people who lacked mental capacity to make particular decisions were not always protected. Decisions made in their best interests were not recorded to show if they were the least restrictive of their human rights.

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

There were procedures in place to protect people from the risk of abuse and keep them safe. The manager made safer recruitment decisions and made sure staff knew how to respond if they had concerns about people's safety. People were treated as individuals and felt they could come and go as they wished. Staff knew them well and understood their individual preferences and respected their choices.

People were assessed for any risk to their health and wellbeing and their medicines were managed safely. They had access to services such as mental health community professionals to monitor their mental health. Sufficient quantities of food and drink were provided and people had their nutrition and hydration requirements monitored regularly.

The environment was warm and clean. Continuous improvements to the environment were being made. There were sufficient staff with the right skills to provide a consistent level of care. The provider trained and supervised the staff to make sure they were not left in situations they did not have the skills to manage. People told us that they found the manager and deputy manager approachable and would know how to raise any concerns. The provider monitored the quality of the service provided and gave people opportunities to have their say in how the home was managed.

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?
The service was safe.

People were protected from avoidable harm and staff understood how to keep them safe from abuse. People received their medicines safely and any risks to their safety were identified and managed well.

Good 

Is the service effective?
The service was not always effective.

People were involved in planning their care and could choose how to live their life without any restrictions on their liberty. Where people lacked the capacity to give consent for a particular decision, their rights were not always protected effectively.

Requires Improvement 

Is the service caring?
The service was caring.

People were treated with kindness and staff knew about their personal histories and preferences. Staff understood and promoted respect and compassion when supporting people.

Good 

Is the service responsive?
The service was responsive

People had their health monitored and any changes in their health were responded to in a timely way.

People were supported to pursue their interests and hobbies.

Good 

Is the service well-led?
The service was well led.

People were encouraged to communicate their views about the quality of care they were receiving. The provider who is also the manager was at the home each day and was approachable and considerate.

Procedures in place helped drive improvements in the quality of the service that people received.

Good 

Ascot House - Nottingham

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 20 and 21 October 2014 and was unannounced. The inspection team consisted of two inspectors and one pharmacist inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, statutory notifications and enquiries. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with six people who used the service, four care staff, the manager and deputy manager. We observed how people were supported in communal areas and we undertook a tour of the premises and external grounds. We looked at how people were supported to take their medicines. We looked at the care records of three people who used the service and three staff files as well as quality audit records relating to the running of the service.

We contacted external NHS health professionals involved in supporting three people who used the service. We received information from a relative of a person who had used the service recently.

Good

Is the service safe?

Our findings

At our last inspection in July 2013 we found breaches in Regulation 11, 12 and 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found action had been taken to make the required improvements. There was improved guidance for staff about how to manage people in a safe way if their behaviour put them or others at risk. People were protected by improved infection control systems. Recruitment and selection procedures had improved and these protected people from staff that may not be suitable to support them.

People we spoke with told us they felt safe living at the home with the staff that supported them. Comments included, "I feel safe." Also, "Yes I feel safe all the staff have been fine." A relative told us, "The care staff that looked after my father were all very gentle and so understanding with my father." People were provided with information leaflets to support their understanding of what keeping safe meant and what they could to do if they had concerns about their safety.

The provider ensured the staff received training to understand their role in keeping people safe. Staff told us they had a good understanding of what may constitute abuse and how to report it. We observed staff interactions with people who used the service and found that they supported people in an individual way, responding in a gentle manner to manage any behaviours that may put people at risk.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of its recruitment process. These checks are to assist employers in making safer recruitment decisions.

Community NHS professionals told us that the staff at the home provided people who used the service with the right support. They told us staff knew people well and made an effort to provide care that was centred on their individual needs. They told us that risks were managed safely and people had experienced a positive improvement in their physical and psychological wellbeing whilst living at Ascot House. They described people being encouraged to engage and attend social events outside of the home.

People told us there were enough staff on duty to meet their needs. Comments included: "There is always someone around to help." Also, "I can't sleep so I sit up and have a drink and a chat with the staff, they don't mind and I like the company." We saw that people received care and support in a timely manner. Duty records we saw showed that a consistent level of care staff were provided even when there were unexpected absences.

People who used the service told us that the staff helped them keep their rooms clean and supported them with their laundry. They told us that cleanliness and decoration of their rooms had been discussed with them at 'resident' meetings; this allowed them to comment and make improvements.

We looked around the home and found that people were being supported in a clean and fresh environment. There were appropriate hand washing facilities and staff had ample supplies of protective equipment such as disposable gloves to minimise the risk of cross infection.

We saw procedures were in place to control the risk of Legionella bacteria formation in the water systems. Records showed that dedicated cleaners worked each day and the provider had ensured all the staff received training in infection control.

People told us they knew where the fire exits were located. Fire risk assessments were completed annually and records of testing the fire equipment and alarms were kept up to date. Smoking was allowed in parts of the building but we found risk management strategies were not always sufficient to protect people. The provider took immediate action and revised the smoking policies to minimise any fire risks.

People told us they were satisfied with how they were supported with taking their medicines. We spoke with two people about the level of support with medicines that they received from the staff. The first person said, "They are very good dishing the medicines out and they always ask do I want any painkillers, and they ask me more than once a day." The second person said, "I get my medicines regularly every day and they have never missed it yet. From what I

Good

Is the service safe?

have experienced its first class. I am quite happy." We observed a member of staff administering medicines to a person and saw they followed safe practices to minimise the risk of errors.

Staff told us they received training to undertake medicine administration safely in accordance with best practice. We looked at three staff files and found certificates of medicines administration training and an assessment which determined that each staff member was competent to administer medicines.

People were able to receive their medicines as prescribed and their medicines were always available because they were ordered regularly, recorded each time they were administered and destroyed in accordance with best practice. Medicines were stored safely and at the correct temperature to ensure people received them in the condition that they should. The manager carried out regular checks in relation to how medicines were managed including controlled medicines (CD's).

People's behaviour was not controlled by excessive use of medicines because their GP reviewed their medicines each month. We saw documentation of how a person liked to take their medicine. Any support needs were identified and aids were used to support their independence.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in July 2013 we found breaches in Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010. We found action had been taken to make the required improvements.

People were living in an improved environment because repairs were carried out on a daily basis. We observed that trip hazards from uneven flooring had been taped with hazard tape to ensure people were alerted to any change in floor level. The external grounds had been cleaned and made safe with improved lighting, repaired ramp and enclosed cellar entrance. The provider told us that all window repairs had been completed to minimise any risk to people who used the service.

People who were not able to consent to care and treatment had their mental capacity assessed and the test for assessing whether they lacked capacity to make a particular decision at a particular time was retained in their care records. We found that decisions were being made for one person who received their medicine crushed in their food. The MCA Code of Practice principle for recording how the decision about this person's best interests was reached had not been recorded to show if the decision was the least restrictive of their basic rights and freedoms. The deputy manager told us she had not completed all of the best interest checklists.

We found that the registered person had not protected people's rights and freedoms. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not deprived of their liberty. People told us they could go out when they wished.

People we spoke with told us they were looked after well. Comments included, "I feel quite safe and I am well looked after. They help me with my illness and medicines." A relative told us that their father had been in two different care homes both of which had problems meeting his needs. When he had moved to Ascot House they felt the dedication of the staff team had been compassionate and understanding. The relative said this had improved his father's quality of life.

People told us that staff knew them well. An external NHS professional told us the staff team knew the needs of people who used the service and always contacted them to advise them when there were changes in people's health needs. Staff told us they received regular training and could access training to support the specific needs of the people who used the service. Training records we saw supported this.

Staff we spoke with told us they would only use restraint as a last resort and described supporting people in the way they had agreed to. Staff told us they were aware of each person's behaviour triggers and described responses for different individuals. Comments included, "I have had training in how to manage challenging behaviour. We don't use restraint. We try to diffuse tense situations. We know people so well and know how to diffuse it effectively."

We saw records for a person who had behaviour that put them and others at risk. The records described how staff had assessed the risks of the behaviour and had sought advice from the person's doctor. A care plan was in place to inform staff how to deal with situations that had the potential to cause harm. These had been agreed and signed by the person who used the service.

People told us that they enjoyed the food and that they were given plenty to eat and drink. Comments included, "Yes there is always enough and it's decent. They ask you each morning what you want to eat." Also, "Yes it's good. They will make me something if I don't fancy what they have made."

Information we received from external health care professionals told us that staff made every effort to obtain one person's food preferences. Staff we spoke with told us they received training in nutrition and hydration. Comments included, "I have had my competency assessed on the topic of eating and drinking, it's a range of competencies from making mealtimes enjoyable, understanding diabetic diets, maintaining a safe environment and communication needs." We observed how one person who was not eating well had refused their lunch. We heard staff ask and encourage over three hours checking if they were ready to eat yet.

People who used the service told us they were involved in planning their health care, had seen their care plans and agreed to them. One person told us, "I have a GP nearby; I get my flu jab every year. I have a medical problem and

Requires Improvement

Is the service effective?

have been referred to the consultant. I have decided what I want to happen. Yes, staff involve me and talk to me about health and ask me how things are going." A relative told us how staff encouraged people to make healthy choices such as reducing alcohol intake and smoking cessation.

We observed a person being referred to a healthcare professional as their needs had changed. An external healthcare professional told us staff knew people well and picked up on health changes quickly. Care files we looked at showed that people's health was regularly monitored. Risks such as pressure ulcers and falls were regularly assessed and appropriate referrals were undertaken quickly where concerns had been identified.

Good

Is the service caring?

Our findings

People who used the service told us they felt cared for at the home. Comments included, “Been here a few months. In the main staff do a really good job.” Also, “There is always someone around to help.” A relative told us, “The manager worked almost as a companion, very compassionate and understanding in his approach, this worked very well for my father.”

An external healthcare professional told us that staff got to know people’s life story so they knew them individually and what was important to them. Care records showed that staff obtained as much information as possible to help them deliver care and support in accordance with people’s individuality and preferences.

People were informed of agencies that could speak on their behalf and help them exercise choice and control. We saw within the minutes of the last residents’ meeting how the provider had discussed advocacy and provided people who used the service with a leaflet explaining what advocacy services were available.

The manager told us that his aim was to provide a homely atmosphere and support people’s life skills by getting to know them well. Support plans were then developed according to the needs and preferences of that individual. A staff member we spoke with told us they knew people very well and could tell us everything about them. A member of staff said, “One person was off their food this morning, we tried to offer their favourite food instead. We took this person to their doctor because we were worried about them.”

The provider had sent a questionnaire to people who used the service during October 2014 to ask for their views about how their privacy and dignity was being respected. We saw how all eight responses were positive showing that people felt staff treated them respectfully, promoting their dignity.

We observed staff delivering care and support in a kind and considerate way. A staff member told us, “It is important to communicate with the person and ask for their consent before providing care. Check that you are respecting their wishes. We discuss privacy and dignity at ‘resident’ meetings. “To ensure privacy and dignity was promoted all staff received training in the core principles of dignity. We checked three staff training files and saw they had completed training in dignity awareness.

A member of staff we spoke with told us, “I always read care plans. One person came in with a mobility aid but didn’t seem to use it. I read their care plan to check. This told me they needed prompting to use it and when I tried it worked.”

Good

Is the service responsive?

Our findings

At our last inspection in July 2013 we found breaches in Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

We found action had been taken to make the required improvements to care planning. People had their care planned and recorded. Their care plans were centred on their individual needs and kept up to date. We saw a full timetable of care plan review dates within the office to make sure the provider sustained these improvements and that all care plans reviews were undertaken regularly.

Five of the six people we spoke with confirmed they were involved in planning their care. One person said, "I decide when I get up and when I go to bed. Staff always knock before they come in they are very good that way

People told us they could access external healthcare specialists. One person was attending external educational sessions provided by the NHS to support their knowledge of care plans and how they could get a care plan review if they chose to. Care files we looked at showed a range of healthcare professionals including mental health specialists were visiting people at the home to monitor their health and wellbeing. Information we received from one professional commented positively on the care being provided at the home.

People who used the service told us they could access the community if they wanted to. Comments included, "My keyworker talks to me about my support plan and what's in it. I am able to come and go as I please. I go shopping." Also, "I don't go out much but I want to go out today to the shops. " We heard staff arranging to support this person to go shopping.

We observed how people who used the service were informed about social activities by posters displaying daily events. We observed a seated exercise session with music being enjoyed by people during our visit. 'Resident' meeting minutes recorded how people were asked about choices for trips out, activities and events that they would be interested in. An external healthcare professional told us that people regularly accessed the garden and took part in social activities within the local community.

The provider worked as the manager in the home and provided hands on care and was therefore familiar with everyone who lived there and their visitors. We observed people addressing him on first name terms and they looked relaxed and able to raise issues with him.

One person said," Most of the staff are nice but I don't get on with some. When I first came things were really bad but things are a lot better now." We saw a support plan was in place for this person and they also had support from external agencies. Investigations into their concerns had been recorded appropriately and safeguards had been put in place to protect them.

Staff we spoke with told us they felt able to raise issues with the manager. Comments included, "We would report any concerns to the manager. When I raised an issue it was dealt with. I would use the complaints procedure if it was not addressed."

Information on how to raise any concerns or complaints was displayed for people to access. A system was in place to record complaints but there had been no recorded complaints in the last year.

Good

Is the service well-led?

Our findings

People who used the service told us that the manager and staff were approachable. Comments included, "Yes the manager is not a bad lad, and he looks after us. He asks our views and we can raise things." Another person confirmed that they attended 'resident' meetings to discuss the quality of the services provided.

A relative told us that the manager had spent time supporting the individual needs of their relative in a kind and compassionate way. The home was managed by the provider and a deputy manager. There were clear lines of accountability. The deputy manager confirmed to us they were clear about their responsibilities.

Records we looked at showed that we had received 13 of the 14 notifiable events recorded in the last year although there had been a delay in notifying a police incident. All the required notifications must be sent by law in a timely way. The manager told us they were not aware of the reporting times for some incidents that happened at the home. The manager agreed to update his knowledge by accessing information from our website.

People received regular opportunities to discuss the service and comment on any issues that required improvement. They held regular 'resident' meetings, regular newsletters were produced and this gave people information on planned improvements, diary dates for events taking place and planned activities.

The staff we spoke with told us that they felt supported by the management team and said they were approachable. They said they attended group staff meetings and individual staff supervision meetings. A staff member told us, "At supervision we discuss the aims and objectives of the service, my progress in the role, any problems and how I can develop. We always look at my progress since my last supervision and I get good feedback from my manager."

The manager told us that the procedures in place for people to comment or complain about the quality of the service helped them to improve the service. They told us, "We get feedback from people and we take it seriously."

Records we saw showed that people who used the service were asked their opinion on the quality of the service. The results of the most recent survey showed that those participating felt staff took their complaints seriously and all were happy with the quality of the services provided. Information was made available to people who used the service to advise and empower them to be aware of their rights and who they could contact if they had concerns or if they needed an advocate. Leaflets, posters and hand outs were displayed in the main communal area of the home.

We saw that quality audits had been completed by the manager to check the quality of medicine management, infection control procedures and health and safety within the environment. A staff member told us that the manager checked their competency in topics such as nutrition and hydration and maintaining a safe environment.

Accidents were recorded and analysed. We looked at the records for one person who had recently fallen. The records showed that this person had been referred to an external professional and plans had been put in place to minimise the risk of repeat events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person had not acted in accordance with the Mental Capacity Act (2005) where people lacked the capacity to consent to a decision. Regulation 11 (3).**