Hearn Care Homes Limited

Ashton Court Residential 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?	Good

Summary of findings

Overall summary

We inspected the service on 6 and 7 September 2017. Ashton Court is registered to provide care and support for up to 39 people, including people living with a disability and/or a dementia related illness. The service is set out over two floors and there is a lift to enable people to access the second floor. On the day of our inspection 24 people were using the service.

At our last inspection in April 2015, the service was rated 'Good' overall with some improvements required with effective relating to people's hydration and nutritional needs. At this inspection we found that the service remained 'Good' and the required improvements for effective had been made.

People continued to receive a safe service. Staff were aware of their role and responsibility in protecting people from avoidable harm. They had attended appropriate safeguarding training and had policies and procedures available to them. Some issues were identified with the environment and risks associated to people's needs had not all been risk assessed. The registered manager took immediate action during our inspection to address these issues.

People were supported by appropriate staffing levels to meet their dependency needs. The staffing levels were regularly reviewed and were flexible to respond to people's changing needs. The provider had safe staff recruitment procedures and these were followed. The storage and management of medicines were found to be safe.

People received an effective service. Improvements had been made to how people's hydration and nutritional needs were assessed and planned for. Staff had the required information to meet these needs.

Staff received an appropriate induction, ongoing training, support and opportunities to review their work. Staff understood the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards that protected people's human rights. People were supported to maintain good health and staff worked well with external healthcare professionals.

People continued to receive good care. People were treated with kindness, dignity and respect by the staff. People's care records included detailed and personalised information which enabled staff to support people in line with their personal preferences. People had access to independent advocacy information should they have required this support.

People continued to receive a responsive service. Assessments were completed and support plans developed. This information supported staff to provide a responsive service based on people's needs, routines and interests. People had access to the provider's complaint policy and procedure. Where concerns had been raised they had been responded to appropriately.

The service continued to be well-led. The provider had arrangements in place for monitoring and assessing

the quality and safety of the service. These included seeking and acting upon the views for people who used the service and others.

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 remains Good.

Is the service effective?

Good

The service was Good.

Improvements had been made to how people's hydration and nutritional needs were met. Staff had the required information to support these needs.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Ashton Court Residential 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 checked 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 was a comprehensive inspection that took place on 6 and 7 September 2017 and was unannounced.

The inspection team consisted of one 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.

Before the inspection, 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 also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection visit we spoke with four people who used the service, two visiting relatives and a visiting physiotherapist from the community falls team and a visiting district nurse. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. 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 spoke with the registered manager, a senior manager and regional manager for the organisation, a senior care worker, the cook, and three care staff. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included the management of medicines,

quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ashton Court and they were treated well by staff. One person said, "I really like it here, there is nothing I have to worry about." Relatives were positive their family member was supported to remain safe. One relative said, "My [relative] is very well looked after here and I know they are safe when I leave them."

Staff were clear about their role and responsibility in protecting people from avoidable harm and abuse. One staff member said, "I would report any concerns to the manager, we've had safeguarding training so we're aware of signs of abuse and what to do." Records confirmed staff had received adult safeguarding training. Where incidents had occurred the registered manager had taken appropriate action to report these to external agencies as required, and had investigated and taken action to reduce further risks.

We identified some people's healthcare needs did not have a risk assessment to support staff of how to manage these risks. We also identified some risks with the environment that had not been risk assessed. This included some potential trip hazards relating to the flooring, there was an open staircase and personal emergency evacuation plans were not in place for all people. However, we noted staff were attentive to people's needs and safety and there were no accident or incidents that had occurred as a result of the issues identified. We discussed these issues with the management team who took immediate action to resolve these issues, and following the inspection confirmed these had all been completed.

People were supported by sufficient numbers of staff who had the right mix of skills, experience and knowledge. People told us they were confident there were sufficient staff. One person said, "When I ring the bell day or night, staff come really quickly." Staff told us they had no concerns about staffing levels and that people received the support they required to keep them safe. The registered manager told us they regularly reviewed people's dependency needs and adjusted staffing levels according to people's needs. Records also confirmed the provider had effective recruitment procedures. These helped the provider in making safer recruitment decisions.

People received their prescribed medicines safely. People who used the service and visiting relatives had no concerns about how medicines were managed. Records confirmed staff had received appropriate training in medicines management. Staff had the required information to support them to manage and administer people's medicines safely. Checks and systems were in place for the ordering, storage and administration of medicines. We observed a staff member administering people's medicines and this was completed following best practice guidance.

Good

Is the service effective?

Our findings

People told us staff were aware of and understood their needs. Our observations confirmed this, staff were seen to communicate and engage well with people. Staff had received an appropriate induction, ongoing training and opportunities to discuss their work. Staff were positive about the support they received and said the registered manager was approachable and supportive. Records confirmed staff had received refresher training to keep their knowledge and skills up to date with best practice guidance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and are called the Deprivation of Liberty Safeguards (DoLS). Staff showed they understood the principles of the MCA. One staff member said, "We ask for people's consent and if they refuse we leave them and go back, but if this continues the manager completes an assessment of their capacity and a best interest decision is made."

Care plan records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves. Where people had DoLS authorisations in place that restricted them of their freedom and liberty this information was available and known by staff. Some people could experience periods of high anxiety that affected their mood and behaviour. Whilst staff were knowledgeable about people's individual needs, care records lacked detail and guidance for staff. We discussed this with the management team. These care records were reviewed and amended immediately to reflect people's needs and the strategies required to support them effectively.

People told us they received a choice of meals and we observed people were verbally asked what they would like from the menu. People were also shown the meal choices to enable them to make an informed decision. Some people said they would like more variety of foods at tea time. We saw from meeting records people had raised this and found the menu had been changed to include additional food choices as requested. We observed people were offered choices of meals and drinks, and staff provided appropriate and unrushed support with people's eating and drinking needs.

People's nutritional needs had been assessed and planned for and their food intake recorded and weight monitored for any changes. The cook had relevant information available to them and staff were knowledgeable about people's needs.

People had their healthcare needs assessed and monitored and they were supported to attend health appointments. People who used the service and relatives were confident their healthcare needs were met. Visiting external healthcare professionals were positive health needs were responded to well by staff. They said timely referrals were made and any recommendations made were followed by staff.

Good

Is the service caring?

Our findings

People who used the service and visiting relatives were positive about the approach of staff and described them as being kind and caring. One person said, "The girls (staff) are lovely here. They can't do enough for you." A relative said, "They (staff) are a nice bunch here and they do a good job, so I'm happy."

Staff spoke positively about their work and clearly demonstrated they knew people well including their needs and routines and what was important to people. One staff member said, "I really enjoy my work, we work well as a staff team and people are well cared for."

We observed staff were caring, courteous and respectful towards people and they did whatever was necessary to ensure their needs were met. Various forms of communication were used to engage with people and it was evident staff were knowledgeable of people's likes and dislikes. It remained a calm and supportive environment throughout the two days of our inspection.

People's care records contained detailed information about their daily routines and diverse needs and staff spoken with could explain how they supported people. People's care records showed people, where able, or relatives had been involved with decisions about the care and support provided.

People were treated with dignity and respect. We observed staff speak respectfully and were discreet when supporting people. People's privacy was respected by staff. For example, some people chose to remain in their room and whilst staff respected this they were aware of the risk of self-isolation and told us they regularly offered these people the opportunity to join in with others.

People were encouraged to do as much for themselves as they were able to. Relatives told us there were no restrictions on when they visited their family member.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved to Ashton Court and care plans were developed to support and guide staff of what people's needs were, and the support required to meet these needs. Care plans had been completed with input from people where able, and with relatives where appropriate. Each of the records were regularly reviewed to ensure they met people's current needs. We noted staff had additional information fact sheets about certain health conditions to support their knowledge. Whilst we found staff were knowledgeable about people's needs we found care plans did not always contain all the relevant information for staff. This included people receiving respite care (not permanently living at the service). We discussed this with the management team who agreed this was required and immediately addressed this.

Staff had information about people's life history, personal preferences, likes and dislikes and we saw them use this information when supporting people. One staff member said, "People's past life is really important, we sit and ask people about this and involve their families."

During the Inspection, we observed staff were busy and mainly task focussed, but there were occasional times when staff would stop and chat to a person and they responded to people at times of anxiety. One person was nursing a doll. It was evident this gave the person great comfort and we saw how a member of staff stopped to talk to the person and ask if the 'baby' needed anything, the person responded and looked comforted by this. Dementia UK a leading charity in dementia care, advises people living with dementia can get enjoyment from holding or simply being with a doll.

An activity coordinator was employed and whilst they were not present on the day of the inspection, people who used the service spoke positively about them. One person said, "I really enjoy going out to the shops with (name of activity coordinator) and it breaks up the day." They added, "We have quizzes, exercise, crafts and sometimes a singer comes in." We looked through the photo albums of the activities and events people had participated in and people were seen to be relaxed and enjoying themselves. It was clear the activity person made a difference to people's lives and they provided opportunities for people to participate in activities, interests and hobbies.

During our inspection we observed some people were reading and knitting, an external activity person visited and did some art work with people, a bingo session was also arranged that people participated in.

People told us they knew who the registered manager was and that they felt able to raise and issues or concerns. We saw the providers complaint procedure had been made available. Records showed where concerns had been raised these had been responded to and resolved.

Good

Is the service well-led?

Our findings

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.

People who used the service and visiting relatives on the whole spoke positively about the service they received; they were complementary about the staff and said the leadership of the service was good.

Staff were equally positive about working at the service and they said they felt well supported and involved in the service. One staff member said, "We have staff meetings and daily handover meetings, we can raise any concerns or make suggestions."

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

The management team told us and records confirmed, there were daily, weekly and monthly audits and checks carried out that included the environment and equipment. However, we noted in one person's room a bed side bumper that was torn and dirty. In addition, an electrical socket had exposed holes and plaster around it. The registered manager immediately replaced the bumper and said they would arrange for the socket to be repaired. They acknowledged this should have been picked up during checks and said they would review the audits to ensure this did not happen again.

The registered manager told us annual satisfaction surveys were sent to people and relatives inviting them to give feedback about the service. Whilst people and relatives could not recall receiving this information, records showed these surveys had been sent to people during 2017. The responses had been reviewed and we noted five relatives had asked to be more involved and requested to attend review meetings to discuss their relatives care. The registered manager said contact and involvement with relatives was currently informal but they acknowledged this needed to be reviewed and made more formal.