Care UK Community Partnerships Limited

Asterbury Place

Inspection report

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Ratings

Overall rating for this service	Not sufficient evidence to rate
Is the service safe?	Not sufficient evidence to rate
Is the service effective?	Not sufficient evidence to rate
Is the service caring?	Not sufficient evidence to rate
Is the service responsive?	Not sufficient evidence to rate
Is the service well-led?	Not sufficient evidence to rate

Overall summary

This inspection took place on 28 and 29 October 2014 and was unannounced.

Asterbury Place is a new care home which provides nursing care, although currently the nursing suite is not open. Once fully occupied the home will provide personal and nursing care to up to 80 older people. During our inspection there were 51 people living in the home, some are living with dementia.

The service has 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 living in the home told us that it is a good place to live, they like the environment, and that staff are kind and caring. People felt safe. The provider trained staff in how to recognise abuse and how to report it. Staff told us that if they ever see or suspect that people are being hurt or abused in any way, they will always report it to the registered manager.

Summary of findings

Medicine is stored and administered effectively. It is locked away safely and is never left unattended when a medicine round is underway. Senior staff check the medicine to make sure it is being managed properly and that no mistakes have been made.

People receive care that is planned to keep them healthy and are supported to live in a way they want to. People are supported to continue activities which interest them and staff have time to spend with people to chat and get to know them. People are supported to keep in touch with their family and friends.

Staff are caring and support people in a way that is compassionate and protects people's privacy and dignity. They take time to listen to people and do what they can to make their life comfortable.

Some staff need more training so that they know how to help people with dementia keep themselves active and interested in what is happening around them. The registered manager told us that they would make sure this is given to them.

People told us that they enjoy the food offered to them, have enough to eat and they are able to make choices between three different main meals offered at dinnertime. When people said that they wanted more choices added to the menu, it was done.

The home is well lead, the registered manager carries out checks to make sure the staff are looking after people properly and are meeting their needs. Where shortfalls are found they are dealt with and practices are changed to improve the quality of care people receive.

The registered manager is open and approachable and listens to complaints and suggestions for improvement. The registered manager spends some of their day working in communal areas of the home so that they are accessible to people and can monitor staff practice.

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?

Not sufficient evidence to rate

The service was safe, staff had received training in how to recognise abuse and report any concerns.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them. Actions were recorded to show how risks to people were reduced.

The service maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs and they were suitable to work with older people.

The service made sure that Medicines were safely managed and stored properly.

Is the service effective?

Not sufficient evidence to rate

The service was effective in ensuring that staff working in the service had received training so that they had the skills and knowledge required to provide effective care.

It was effective in ensuring it worked within the law when seeking consent from people. Staff asked for consent when supporting people and, where they were unable to give it, any decision made on a person's behalf was done in their best interest and the least restrictive option was chosen.

The service effectively supported people to have their nutritional needs met and people told us that they enjoyed the food and had plenty of choice.

People were effectively supported to maintain their health and wellbeing, medical help was sought if people needed it.

Is the service caring?

Not sufficient evidence to rate

The home was caring, people were supported by staff in an open and friendly manner.

The home cared about what people had to say and held regular 'resident and relative' meetings to gather their views and made changes to the way the home was run as a result of these meetings.

The service cared about maintaining people's dignity and privacy. Staff made sure they kept their information private and protected their dignity by closing doors and speaking to them in a dignified way.

Summary of findings

Is the service responsive?

The service responded to people's needs so that people received the care they needed, which was regularly reviewed to ensure it met their changing needs.

The service responded to people's concerns and complaints and made changes to the way they worked to try to stop it happening again.

Not sufficient evidence to rate

Is the service well-led?

The service was well-led, people living and working in the service told us that it was led by a management team who were open and approachable and who encouraged staff to work in the same way.

The service was well-led from the front, the registered manager had a visible presence in the home and made themselves available to anyone who wanted to speck with them.

The registered manager and the provider regularly carried out audits to review the quality of care provided and to make sure it was maintained.

Not sufficient evidence to rate

Asterbury Place

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 over two days, the 28 and the 29 October 2014 and was unannounced.

The inspection team consisted of three inspectors, a specialist dietician advisor 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. Our expert had a working knowledge of supporting people living with dementia.

This home was opened in July 2014. We had concerns raised with us, therefore we decided to inspect and report our findings. Before the inspection, a provider information return (PIR) was not submitted. 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.

In advance of our inspection we looked at notifications about or from the home, A notification is information about important events which the provider is required to send us by law. We also reviewed local authority quality monitoring reports.

During our inspection we observed how the staff interacted with people who used the service, including during their lunch. We used our Short Observational Framework for Inspection (SOFI) tool on two occasions in two different units. The SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 16 people who used the service and five of their relatives. We also spoke with the registered manager and 14 care staff. We also reviewed 10 care records, four staff training records, and records relating to the management of the service such as audits and policies.

After our inspection we contacted healthcare professionals involved in caring for people who used the service, including a GP and physiotherapists.

Is the service safe?

Our findings

Staff and relatives told us there were enough staff to meet people's needs. People told us that they thought they were safe. One person told us, "Safe… yes I think I am." another person said, "There are plenty of staff around, seems to be enough." One relative told us, "I feel my [person] is safe here. I have no concerns about their care."

The registered manager knew what action to take if they suspected that anyone had been abused. One person said, "I am not worried, I know who to talk to if I feel I need to."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. Not all care staff were able to demonstrate the action they would take and who to report concerns to in order to protect people. For example, three staff told us that they were not aware of the provider's adult protection procedures and were unsure of what action they would take if they suspected abuse, despite having undertaken adult abuse training. The manager undertook to test staff knowledge in this area and repeat training if necessary.

The registered manager demonstrated a good understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved. For example, one incident had been reported as a possible abusive situation. The registered manager was asked to investigate the incident and report back to the local authority. The investigation had been through and changes had been made to improve care practises.

Where people displayed behaviour that was challenging to others and could put themselves and others at risk of harm, specific care plans had been developed. They were written in a way that aimed at protecting people's freedom, choice, and control over their lives. These provided guidance to staff so that everyone managed the situation in a consistent and positive way.

Risks to people's health and welfare were assessed and managed appropriately. For example, we saw that assessments were in place that evaluated the risks to people developing pressure ulcers and malnutrition. Pressure ulcers are a type of injury that breaks down the skin resulting in an open wound. They are caused when an area of skin is placed under pressure. Managing pressure areas effectively reduces the risk of people developing pressure ulcers, which are painful and could lead to other health complications.

One person was assessed at being at risk of falling out of bed. A family member asked for the bedrails to be used. However, when a bed rails risk assessment had been done it became clear that the person would still be at risk if they were used. This was because they may not understand why the bed rails were in place and might try to climb over them. It was decided that they would be safer if the bed was lowered to its lowest level and the movement sensor, that were available in all the rooms, would be activated to alert staff as soon as the person got out of bed. The staff would be able to attend the person quickly and make sure they did not fall and keep them safe from harm.

People's experience of the service was variable with regards to staff experience and the numbers available. One relative commented, "I can always find a member of staff, there doesn't appear to be a shortage of staff." Another person's relative told us, "There was a lack of experienced staff, it made me uneasy, but things are getting better." Care staff told us there had been a lot of staff changes since they opened in July 2014, but that the team worked together to keep people safe.

The area manager showed us a dependency assessment document used to calculate staffing levels. This calculated the staffing hours needed to meet the specific needs of the people who used the service. The area manager informed us staffing levels were reviewed on a regular basis to ensure there were sufficient staff available, at all times, to meet people's identified needs. During our inspection we saw that call bells were answered quickly and that there were enough staff available to react to people's needs without them having to wait too long.

Recruitment was carried out in a way that was meant to keep people safe and in accordance with the provider's policy and procedures. Prospective staff had checks carried out to make sure they are of good character and suitable to work with older people. Disclosure and baring service (DBS) checks had been done and references had been taken up.

Processes were in place for the safe storage, ordering and administration of medicines. There were auditing and management systems in place to pick up and correct any

Is the service safe?

shortfalls identified. Staff we spoke with told us they had received medicine training and they were seen to be competent. During our inspection 10 staff were attending a training course on medicine, which took place at the home.

There was a medicine policy and procedure in place, which was reviewed regularly. We observed staff administer medicine on two different suites and saw that they followed safe medicine practice, which meant that people received their medicines as prescribed.

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, "The staff know what they are doing." Another person said, "It's a nice group of staff, they are helpful if you need anything." Another told us that staff were, "….lovely, it suites me here."

Records showed that staff received training and support from the management team to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities. A person's relative told us, "I feel that my relative is well looked after, they [the staff] know how to look after [my relative]. I am asked for my opinion and input into their care and treatment."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of both the MCA and DoLs and when these should be applied to the people who lived in the home, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care, Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. People who had capacity, but did not have family or friends to support and guide them with making decisions, had been referred to a lay advocacy service if they needed support. Lay advocates are independent of the MCA and are able to support people with decision making. The registered manager had completed a number of DoLs referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital follow up appointments. One person told us, "I have an appointment to go to the hospital tomorrow, to have my eyes checked because I have diabetes."

One person told us that they enjoyed their food and that they had welcomed recent changes to the menu, "The food is lovely but sometimes a bit fancy…. it's better now, there is more choice." This topic was raised at a 'residents meeting' and a third menu had been introduced with a more 'homely' choice, such as fish fingers.

One relative told us, "I couldn't knock the food, it looks fabulous. [My relative] has gained weight since being here; there are lots of snacks and cakes."

People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between three different main meals offered at dinnertime. We were told, "The food is good, there's always choice and if you don't like it they will always make you something else."

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. The chef and the nutritional lead were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the support people needed. Staff, including the kitchen staff, had received training to enable them to understand and use these tools. People's weights were monitored and the chef was given a copy of the weight charts weekly so that they could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight.

All the food used at the home was fresh and sourced locally. Throughout the day snacks and drinks were made available and people were able to help themselves. The

Is the service effective?

home had a café with a drinks machine that easily made a whole range of drinks, such as different styles of coffee and hot chocolate. Staff had access to this machine if people wanted a coffee. One person told us, “It’s so good to get proper coffee, I thought I had seen the last of that when I moved in here!”

Is the service caring?

Our findings

People told us that they felt well cared for and that staff were attentive to their needs. One person told us, “It’s a nice group of staff, they are helpful if you need anything.” Other people said, “I like it here, I get on with the staff, and they listen. Overall they are very good.” And “We are all happy together, the girls [the staff] know me well.” Another person said, “They [the staff] are nice and that’s what makes the difference.”

One relative told us, **“**The staff are a nice bunch, really chatty and nice.” Another relative commented, “All staff are lovely, not just the care staff, the chef is great. Everyone including the cleaners are involved.”

There were good interactions between staff and the people who lived in the home throughout our inspection. They were professional, friendly and helpful. There was a good rapport between the two groups, with some good natured banter between them. On the whole staff communicated with people well, we saw staff sitting next to people to talk with them and give people time to think about their answer.

Care plans contained information about how people liked to be cared for. This included what food they liked and how they wanted to be cared for at night, for example if they wanted the light on or off. People and their relatives were involved in regular reviews of their care plans.

We saw that staff involved people in making decisions and gave people choice and independence. For example we heard one member of care staff saying to a person they were helping to decide what to do, “Your newspaper is here, or would you like to carry on making your Christmas cards?”

People also told us that the staff listened to their choices and acted on what they said. One person told us, “I feel heard and considered.” Another said, “I get asked how I am, how I am doing?”

We saw people go into breakfast at different times, for example someone had breakfast at 10.45am, showing that people were clearly able to get up and have breakfast whenever they pleased.

People’s dignity and privacy was respected by staff. Throughout the day we saw that staff showed a caring attitude towards people, listened to what they had to say and responding to meet their needs and requests. Staff showed a good understanding of people’s needs and demonstrated that they had built up good relationships with the people they supported.

One person was reluctant to receive personal care after a meal. A staff member talked discreetly to them, explaining that they needed to get changed, while they gently lead them towards their bedroom. Once there the door was closed to protect their privacy.

People’s care records were kept in the nurse’s office to stop people and visitors from seeing them, therefore keeping their personal information private. During their induction staff received training on communicating with people, and promoting and protecting people’s privacy and dignity.

Is the service responsive?

Our findings

Staff were responsive to people's needs and they got what they needed to stay healthy and feel supported. One person said, "If I don't feel well, they [the staff] get the doctor for me." Someone else told us, "The staff support me to see my family."

People told us that when the home first opened, sometimes they had to wait for call bells to be answered. However, that had improved and one person said, "At first, they [the staff] were not always quick when I used my buzzer, sometimes I could be waiting up to 15 minutes. It has got better lately." We were also told, "When I use the call button they are here in a matter of minutes." Meaning that things had improved and the staff responded quickly if people needed help.

One relative commented, "The family have been involved in [person's] care, we were invited to a meeting with the registered manager and social worker to discuss their care." Another relative told us, "I am always made welcome, and offered a cup of tea, I love the café." Other relatives told us, "We were involved in discussions about [person's] care in the lead up to the transfer to the home. Some of the same care staff came too, and seeing familiar faces helped [person] to settle.

A relative told us, "My [person] can be difficult, they prefer their own space, the staff are really good with them."

People's care plans were reflective of their health needs and contained information about how they communicated and their ability to make decisions about their care and support. These supported staff to manage specific health conditions. Moving and handling risk assessments included the type of equipment to be used and the type and size of sling required for the person's weight and height, to ensure safety. Staff followed guidance in the manual handling risk assessment and used the correct hoist and slings to move people safely.

Care plans were person-centred, for example one person's had entries about the brand of perfume the person used, specific instructions for their personal care and what jewellery they liked to wear. There was a record that another person had a mobile telephone and how to assist them to use it.

People told us that they enjoyed the activities offered to them. One person said, "There's always something to do." Another told us, "I really enjoy the arts and crafts here." People were able to keep in touch with their family and friends. One person told us that they were supported to follow their faith, "They support me to go to church sometimes on a Sunday." And another said they were taken to the hospital so they could visit a relative.

Staff were seen to be proactive in providing people with individual activities. One person was making Christmas cards to send to their family and friends, another was reading a 'retro' copy of an old newspaper, and others were taking part in board games, puzzles and knitting.

However, not all of the activities offered were suitable for people who had dementia. On two of the suites we saw that people were supported to be engaged and occupied. Activities were well organised and chosen to suit people's abilities and interests. On another suite, although staff were caring, the support provided was fragmented at times and less well directed. This was the suite dedicated to the care of those people with the highest dependency needs and the majority of the people on this suite had varying levels of dementia. We found that not all the staff had the skills to support people with dementia to take part in activities, people were not always able to understand or participate in what was offered.

When we discussed what we had seen with the registered manager, they assured us that they would seek specialist activities training. The provider had a specialist dementia intensive support team that could be used as a source of support and information, so that individual care plans could be developed for people's specific needs.

We saw staff spending time with people, chatting to them and helping them to take part in individual and group activities, such as knitting, crosswords and reminiscence work. We saw a painting activity taking place, which was consistent with the activity planned for the day. Seven of the eight people in the suite were engaged with the activity and seemed to enjoy it. Later we saw one person and a staff member watching the Wizard of Oz in the cinema room.

The manager gave people and their relatives an opportunity to voice their opinions about the service and quality of care through meetings which were held regularly. People were given an opportunity to discuss many aspects

Is the service responsive?

of their life. The chef attended one meeting and there was a discussion about the quality of the food. Some people said that some of the meals were too rich and the outcome was that the chef introduced a third choice on the dinner menu, which was more 'homely', and included things like fish fingers and sausages.

When the home first opened, there were some initial problems which worried relatives and friends of the people who had moved into the home, they felt that the staff team was not experienced enough and that it would affect the quality of care people were given. The provider responded by arranged a meeting, which was attended by the registered manager and senior managers from the organisation. This enabled people and their relatives to ask questions and seek reassurance from the provider at an early stage.

There was an effective complaints procedure in place and we saw that complaints and what action had been taken had been recorded clearly. There was a comments book left in the main lobby where relatives had recorded their thoughts about the home. Most were positive about the care their relative had received. One, made soon after the home opened, was scathing, and said the staff did not seem to know the building or the people who lived there, which had led to chaos and people getting poor care. Several weeks later the same relative had put a line through their earlier comments and wrote that things had improved greatly and that they no longer had any worries about the home or the care their relative received.

Is the service well-led?

Our findings

People told us that the registered manager was friendly and stopped to say hello when they passed by. One person said, "They [the manager] comes by every day, we have a chat."

Relatives told us that the registered manager was approachable and made themselves available if they wanted to speak to them. One relative told us, "We come to the monthly meetings, it's a good opportunity to ask questions and raise any issues, the minutes are usually sent to us too."

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the registered manager.

All senior staff attended daily meetings held at 11am, that were attended by the registered manager, the senior carer from each suite, and all heads of departments, including maintenance, housekeeping and the chef. These meetings were called 11/11 meetings and were designed for the registered manager to check that records were up to date, expected work was completed and to receive feedback from all departments. The priority of the meeting was for the registered manager to be kept up to date about the people living in the home and issues that might affect them.

The service was well led. The registered manager was knowledgeable about the people in the home and they spent time on each suite each day. They often based themselves in a unit for the day and spoke to as many people as they could, and monitored staff and the delivery of care closely. While walking around the manager appeared to know people and was friendly and engaging.

People were asked their views about the way the home was run and were given the opportunity to attend meetings and give their comments about the running of the home, a comment book was left in the lobby of the home, which people had made use of.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The registered manager was supported by their line manager and the organisation carried out an extensive programme of quality assurance audits. The regional director was at the home during our inspection and stayed throughout to answer any questions we had about the organisational running of the home and to support the manager. Records showed that the regional director visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.