Mr Simon Andrew Ewington

Ashcott Lawns

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

Overall summary

This inspection was unannounced and took place on 24 November 2015 and 26 November 2015.

The last inspection of the home was carried out on 18th May 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. The registered manager is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service provides care and support for people for up to 17 people in a traditional house in a rural village. In the past year the home environment had been substantially improved by the addition of a large lounge and new

Summary of findings

bedrooms. The manager and assistant manager live in self-contained accommodation in the home. Their regular contact with people and the size of the home contribute to relaxed family style care and support.

People told us they felt safe at the home and with the staff who supported them. They told us they could talk to any of the staff. Several people said they had "no worries" about the care they received. They said they liked the fact that there was always someone there who would do whatever they could to help.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person told us about ringing their bell for help at night. They said "I rang the bell at 3am. The carer was here in 3-4 minutes." Other people said "If I ring the bell they come promptly" and "If there are an emergencies they are here!"

People said the food was very good. They commented on the home cooked meals and the variety of vegetables. Most people chose to eat their meals in the dining room.

Lunch time was a pleasant sociable occasion. People enjoyed the food and the conversation, and interaction with each other and the staff. Some people chose not to eat in the dining room and this was respected.

The manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs. Staff noted changes in people's health and requested GP visits when required.

People were supported by kind and caring staff. Some people had lived in the home for several years. One person said "They are looking after me well, they always do. They can't do enough for me. It is really great. I think we have the best team of carers we have ever had."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

There were formal and informal quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care.

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.

There were sufficient numbers of staff to meet people's needs safely.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure.

People received their medicines from staff who were competent to carry out the task.

Good

Is the service effective?
The service was effective.

People received care and support from staff who received appropriate training to carry out their jobs.

People's nutritional needs were assessed and met.

Staff monitored people's healthcare needs and made referrals to other healthcare professionals where appropriate.

Good

Is the service caring?
The service was caring.

People were supported by kind and caring staff.

People's privacy was respected and they were able to choose to socialise or spend time alone.

People had opportunities to voice their opinions about the care they received.

Good

Is the service responsive?
The service was responsive.

People were able to make choices about all aspects of their day to day lives.

Care and support was personalised to ensure it was in line with people's wishes and needs.

People told us they would be comfortable to make a complaint and all felt any concerns would be fully investigated.

Good

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

There was a registered manager in post who was open and approachable.

People's well-being was monitored and action was taken when concerns were identified.

People were cared for by staff who were well supported by the management structure in the home.

There were systems in place to monitor the quality of the service and plan ongoing improvements.

Good

Ashcott Lawns

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 began on 24 November 2015 and was unannounced. On 26 November we concluded the inspection by arrangement with the manager and assistant manager. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in May 2014 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 12 people who lived at the home, one visitor and six members of staff. We also spoke with the registered manager and assistant manager on the second day of the inspection.

During the day we were able to visit people in their rooms, view the premises and observe care practices and interactions in the sitting room and dining room. We looked at a selection of records which related to individual care and the running of the home. These included five care and support plans, three staff personal files, medication administration records and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. They told us they could talk to any of the staff. Several people said they had "no worries" about the care they received. They said they liked the fact that there was always someone there who would do whatever they could to help.

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us they had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were resolved and people were protected.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person told us about ringing their bell for help at night. They said "I rang the bell at 3am. The carer was here in 3-4 minutes." Other people said "If I ring the bell they come promptly" and "If there are any emergencies they are here!"

Staff confirmed there were enough staff on duty. They said the rotas were a true reflection of staff on duty and they had not worked a shift when the correct number of staff were not present.

In addition to the staff on the rota, the manager was often in the home and provided additional support. This meant people were able to attend appointments if necessary outside the home. The manager was the second member of staff at night if needed. Cover arrangements were made when the manager and assistant manager were away.

Care plans contained risk assessments, which outlined measures in place enabling people to take part in activities with minimum risk to themselves and others. People were encouraged to be as independent as possible and had risk assessments and support plans in place relating to their mobility. One person had been assessed as at risk of falling on admission to the home. Their care plan contained instructions to the staff to give them plenty of time and to use their zimmer frame and inhaler appropriately. The person had not fallen since they had been in the home. Other people used their walking sticks and stair lifts to access the building. When required hoists were available to lift people.

People's medicines were administered by staff who had received training from the manager. Monthly audits were undertaken to check MAR sheets were completed and stock levels were correct.

There were suitable secure storage facilities for medicines, including those which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. One person was able to administer their own medication and this was kept in their room. They discussed their medication with the manager and were reviewed regularly by their GP.

Some people were prescribed variable doses of medicines. We discussed with the manager the importance of ensuring the actual number of tablets taken was always clear. People were offered medicines for pain relief "as required." We heard a member of staff asking a person if they had any pains during the medicine round. Some people received medication that needed to be given at very specific times. The MAR charts had been amended to show the times required. This showed staff understood the importance of the timing of medication to promote the person's well-being.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

We met two care staff who had recently joined the team. They had considerable care experience and said their induction programme had been adequate to familiarise them with the running of the home and the people who lived there. They had undertaken shadow shifts with experienced staff and received in-put from the manager and assistant manager. They told us they had received a supervision every month for three months. They had found reading the care plans a very useful way of gaining background knowledge about people. They had felt supported and clearly directed when they commenced their employment.

We discussed with the manager the additional support staff who were not experienced and what training they might need. For example an in-house manual handling trainer would enable any new staff to have immediate access to formal training in assisting people to move. They agreed to investigate this. After a probationary period new staff had an opportunity to gain a nationally recognised care certificate.

Staff had received training to help them care for people's particular needs, for example caring for people with Parkinson's disease. External trainers were brought into the home to provide training for all staff. Staff had most recently received up-dates in Food Safety and Moving and Handling. Some on-line training had also been accessed and it was planned to develop this in future to ensure all staff remained up to date in key areas.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person had been losing weight. They saw their GP regularly. They had been seen by the Speech and Language Team and had a special diet which was easy to eat and high in calories. Staff understood the importance of offering a meal when the person was awake and possibly hungry. During the inspection they returned on two occasions to offer a lunch time meal which was finally eaten. Staff took time to assist this person to eat and talked to them with kindness and patience. Additional food supplements had also been prescribed by the GP. The assistant manager told us about the ways they included extra calories in this person's diet and offered them snacks which they might enjoy.

Most people chose to eat their meals in the dining room. Lunch time was a pleasant sociable occasion. People enjoyed the food and the conversation and interaction with each other and the staff. Some people chose not to eat in the dining room and this was respected. There was one main choice of cooked meal at lunch time. A salad alternative was available and people were consulted about the meals they enjoyed. People said the food was very good. One person said "We couldn't wish for better food. It is my favourite today, liver and bacon." Another person said "The food is absolutely marvellous. One day we had a meal with five different vegetables. It is home cooking at its best."

Most people who lived in the home were able to make decisions about what care or treatment they received. The manager told us they monitored people and would ask for support from health and social care professionals when they were concerned about anyone's ability to make decisions. Staff understood the importance of offering people choices on a day to day basis and encouraging them to make decisions about their care and how they spent their time. A member of staff said of one person who was living with an advanced dementia "We always talk to them. We always ask them what they would like. Sometimes we get a good answer. Sometimes we have to try and work it out." We heard people were asked for their consent before staff assisted them with any tasks.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. .

Good

Is the service effective?

At the time of the inspection no one was subject to a DoLS safeguard. The manager was knowledgeable and experienced in the processes and procedures which needed to be followed and had implemented them in the past.

The manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs. We met people who had lived in the home for some years, who told us about the continued support they received to access treatment and consultations. They valued the assistance they received with transport to appointments and the support, particularly of the assistant manager who often accompanied them.

Staff noted changes in people's health and requested GP visits when required. GPs attended the home regularly and people who were able to visited the surgery. Staff had noted one person had experienced hearing difficulties. They had been referred to the GP who had arranged treatment from the community nurse. Staff had then supported the person to attend the appropriate clinic and ensured their hearing aids were used. In the sitting room the person was able to communicate easily with staff and other people living in the home. Medicine Administration Records showed when people had been treated for short term infections. The manager told us staff were "very good" at noticing and acting on a change in a person's health. One member of staff told us "People have good days and bad days. Because we know them so well we can see a difference.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Some people had lived in the home for several years. The size of the home and the close involvement of the manager and assistant manager who live on the premises contribute to the service ethos of "one big family."

One person said, "They are looking after me well, they always do. They can't do enough for me. It is really great. I think we have the best team of carers we have ever had." People talked about the help and care given by the assistant manager. One person said "I talk to them. They are the main one I would talk to if something needs talking about. They are wonderful. They take me to appointments. They just keep an eye on us all. Staff and residents."

We met the hairdresser who visited people in the home. They said," I come here once a week. They are very friendly, very kind. A lovely atmosphere. I have never seen anything to worry about."

A regular visitor to the home said, "I have been coming here quite a while now. When I visit (my friend) I can see nothing worries them. I would like to be here myself one day. It is a lovely place, lovely people."

People's privacy was respected and all personal care was provided in private. When people came to the lounge they looked smart and well presented. People told us they enjoyed having the hairdresser visit them.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. There was also a choice of communal rooms. Some people had visitors who came to the home every day. They were made welcome and kept up to date with their family member's health and well- being.

People made choices about where they wished to spend their time. As people entered the sitting room they greeted each other. We heard conversation and laughter as the manager and staff interacted with people. Later in the day people also enjoyed having a rest or quiet time in their rooms. One person said "I like to put my feet up. It is nice to rest knowing people are about if you need them." Some people preferred not to socialise in the lounge areas and spent time in their rooms. Their choice was respected and additional support had been provided as their needs had changed.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. People said they were able to talk to the staff, assistant manager and manager and found them responsive and helpful.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us it was clear they knew people well and understood the support they needed. They spoke of people in a respectful and kind way.

Whenever possible people were supported to remain at Ashcott Lawns till the end of their lives. The managers and staff of the home had worked with GPs, community and palliative care nurses and family members to care for people in a skilled,yet kind and homely manner. Additional equipment was accessed and arrangements made for people to receive all appropriate additional medications and specialist health care.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

Each person had an initial assessment before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. In the Provider Information return (PIR) the manager emphasised the importance of the initial assessment. They stated they took into account the person's views and also information from family members and health and social care professionals. They considered the person's physical, medical and psychological needs and considered how the service would be able to meet them. They considered the home premises and the current needs of other people in the home before offering a place. Some people had come to live in the home following a period of day care or a respite stay. This enabled them to really get to know the home and staff before making the decision to move in on a permanent basis.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Each plan we read gave information about people's health and social care needs on admission to the home and an overview of the care they needed. We were able to see when significant events had occurred and what care and support had been provided. People's support and the way they spent their time varied considerably according to their needs and wishes.

The staff responded to changes in people's needs. Some people who had lived in the home for several years now needed more care. Their care plan had been regularly up-dated to reflect their current needs. Some care had been planned and delivered with records made in the daily records by staff. We discussed with the manager the fact that this made it more difficult to keep track of care delivered. They agreed to increase the monitoring of care plans to ensure records of care were easily accessible. Some people's health had improved since they came to the home. One person had become more mobile since they had arrived in the home. They were able to make their own way to their room without assistance. Two other people were noted to "look relaxed and feel comfortable" since their admission to the home.

People took part in a range of activities according to their interests. One person said "I am very well looked after here. I read a lot. I am seldom without a book." One person enjoyed the support of the Royal National Institute for the Blind, with regular talking books. They had regular visitors including a volunteer from Somerset Sight arranged by the service. We talked with another person who wanted to remain as independent as possible. They had their computer and music equipment in their room to support their interests. In the sitting room one person had learnt to play cards on an IPad. They told us it was a new skill they had learnt at 93. There were no advertised activities but people played games such as dominoes, or watched films they had chosen, on a regular basis. Occasionally musical entertainers visited the home and a programme of Christmas events was in preparation. This included a visit to see a pantomime for all who were able to go. In the summer people enjoyed going out into the garden. One person said "It is lovely here in good weather. I like to sit outside or walk round the garden." Several people had been used to attending church regularly. When they were no longer able to due to reduced mobility, a monthly Holy Communion had been arranged in the home.

People were supported to maintain contact with friends and family. People told us their visitors were welcomed into the home at any time. Some people had their own telephones and broadband connections and used these to keep in regular contact with people.

The registered manager sought people's feedback and took action to address issues raised. One person had agreed to move into the home only if they could bring their own bed. This had been arranged. Following consultation a person had moved to a downstairs room which had made it much easier for them to move about. The manager said they actioned many small requests from people on a regular basis. They said "It is automatic. Someone asks about something and we sort it out. I think we all take it for granted."

Each person received a copy of the complaints policy when they moved into the home. Although there were rarely

Good

Is the service responsive?

formal complaints, people said they would find it easy to raise issues with staff or the manager. Several people also mentioned the assistant manager as the person they would talk to.

Good

Is the service well-led?

Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The manager and assistant manager had self-contained living accommodation in the home and were in very regular contact with staff and people living in the home. The assistant manager undertook the role of chef and also supported people to attend hospital clinics and other appointments out of the home. They were available to support staff and people who lived in the home on an almost daily basis. There was an on-call rota showing who staff could contact if they needed extra assistance or support.

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They had a clear vision for the home as a professional service providing care for people as "one family." Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

There was a staff handover at every shift where any changes in a person's health or any requests could be discussed. One member of staff said if staff were away for a few days, extra information was given to them to ensure they knew what had been happening in the home. A handover book showed key events of the shift and any appointments due.

There were formal and informal quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. The service has provided placements for people funded by the local authority. A contract review had been undertaken in September 2015 and noted good practice in the home in relation to lots of family involvement in people's care. People had their care reviewed regularly. An example of a care review for two people who came to the home together showed how they had been consulted and supported to achieve a way of living that met their needs. A letter from their relative commented on the improvement in their health and wellbeing since coming to live in the home.

Health and safety checks were completed in the home in relation to fire alarms, emergency lighting, water temperatures and medication administration. There were records to show improvements were made to the fabric of the home which were designed to improve people's well-being. For example a new carpet had been purchased for one room. The person in the room had been consulted and had chosen the colour. Lights had been replaced to provide much more illumination to improve people's vision and reduce the risk of falls. Accidents and incidents which occurred in the home were recorded and analysed.

In addition to the informal collection of views about care by the managers and staff, questionnaires had been sent to people in June 2015. Action points had been recorded and noted. People had wanted smaller portions of some foods at meal times. Otherwise people had been very positive about the care they were receiving in the home.

The registered manager kept their skills and knowledge up to date by on-going training and reading. In the PIR they submitted they outlined their plans for their own training in the next twelve months. This included attending seminars run by the local authority and revising and up-dating all fire assessments and training for staff following the opening of the new lounge and bedrooms.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.