

Tracs Limited

Ashcombe Court

Inspection report

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Date of inspection visit:
16 November 2016

Date of publication:
10 January 2017

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 this service on the 16 November 2016. This was an unannounced inspection. At our last inspection in September 2015 we found breaches of legal requirements in relation to poor and inaccurate records and lack of effective audits. The service was also not ensuring the principles of the Mental Capacity Act 2005 (MCA) were being followed. After the inspection the registered manager sent us an action plan saying how they would meet these legal requirements and by when. At this inspection we found the provider had made the improvements required.

Ashcombe court provides accommodation and personal care for up to seven people who do not have nursing needs but who could have a learning disability or mental health needs. At the time of the inspection there were seven people living at the home. Ashcombe court is set over two floors. The ground floor has two bedrooms, one communal lounge, the laundry room, a dining area, kitchen, manager's office, medication room and access to the outside patio area. The first floor has five rooms and a staff sleeping area. All bedrooms are en-suite.

The service had a registered manager in post. 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 had detailed care plans that were personalised to them. They had risk assessments and support plans that gave staff guidelines to follow. Staff knew people well and were able to demonstrate a sensitive and caring approach when people required staff support. People's personal evacuation plans had details of what support the person might require in an emergency.

People were supported by staff who had checks completed prior to commencing their employment. People felt safe and staff were able to demonstrate what action they would take should they have concerns to people's safety. People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People received their medicines safely and when required by staff who had received training. People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff demonstrated they knew people well and felt supported and able to raise any concerns with the management of the home.

Most people were able to make decisions about their care. Where people were unable to make decisions the registered manager had followed the principles of the Mental Capacity Act. People were encouraged and supported to be independent. Changes to people's care needs were identified monthly through review meetings. Any changes were planned with them and their care plans were amended to reflect those

changing needs. People and visitors' views were sought so improvements could be made. People were happy with the care and felt able to raise a complaint if they had one. People were supported to access the community when they wanted and maintain relationships with friends and family.

The provider had a quality assurance system to monitor the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who had adequate checks prior to commencing their employment.

People felt safe and staff had received training and were able to demonstrate what to do if they had concerns relating to people's safety.

People's medicines were being safely managed by staff who had received training.

People had detailed care plans and risk assessments that confirmed what support people needed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation. People were supported with their individual communication needs.

People had access to health care professionals and received support from staff when they were unable to make their own medical appointments.

Is the service caring?

Good ●

The service was caring.

People were happy with the care and felt supported by kind staff who promoted people's independence.

People were able to maintain relationships with friends and family.

People had care that was personalised to them. People had access to different cultures and care plans confirmed people's religious beliefs.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed and informative. Monthly reviews were undertaken with people to ensure any changes to their care needs were identified.

People felt able to raise any complaints and positive feedback had been received by the service.

People had choice with how they spent their time, undertaking activities that were important to them.

Is the service well-led?

Good ●

The service was well-led.

The provider had a quality assurance system in place that was effective at identifying shortfalls. Monthly reports were submitted to senior managers to review.

People and staff all felt the home was well led and a nice supportive happy place to be.

People were sent an annual survey so that improvements could be made to improve people's care.

Ashcombe Court

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 was an unannounced inspection that took place on the 16 November 2016. It was carried out by one inspector.

We spoke with six people living at Ashcombe court, and we also spoke with two relatives about the quality of the care and support provided. We spoke with the registered manager, one shift leader, the director, and one staff member. We also tried contacting health care professional following this inspection but were unable to gain their views of the service.

We looked at two people's care records and documentation in relation to the management of the home. This included two staff files, supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was safe.

At our previous inspection in September 2015 we found people were not fully safe because people did not have safety checks recorded as completed, fire risk assessments, protocols and personal emergency plans were not accurate and were incomplete. We also found poor records relating to nutritional needs as records did not confirm meals eaten, dates, amounts and totals. At this inspection we found improvements had been made.

For example we found people had their own personal evacuation plans in place for emergency situations. The evacuation plans confirmed people's individual support needs. This included any equipment and support they would need, and any anxieties they might have. The fire risk assessment confirmed what staff should do in the event of an emergency and who they needed to contact. Fire safety checks were completed throughout the building and records confirmed tests had been regularly undertaken. There was also a completed gas and electric certificate in place. This meant the provider was ensuring accurate records and certificates were in place relating to emergency situations and maintenance checks.

Improvements had been made to records where people required regular monitoring due to their nutritional and environmental risks. People's care plans included risk assessments and support plans as well as guidelines on how people should be supported in relation to their identified risk. Staff knew people well and were able to confirm the details of people's individual support. There were also environmental risk assessments which identified risks and gave specific guidelines for staff to follow. This meant risks were identified and detailed behaviour supported plans were in place, accurate and up to date.

Incidents and accidents were recorded. Those records confirmed what actions the registered manager had taken to learn and prevent similar incidents occurring to the person again. We reviewed the incidents and accidents. The registered manager confirmed November was the first month for logging all incidents relating to everyone in the service. This meant that any trends across the service could be reviewed to identify and prevent similar incidents from occurring to others. This meant the registered manager was in the process of ensuring there was a system for reviewing all incidents and accidents.

People were supported by sufficient numbers of staff to meet their needs. The registered manager confirmed that staffing levels had been calculated based on people's needs. They confirmed the minimum staffing level for the home. Rotas confirmed these staffing levels. Throughout the inspection staff were available to respond quickly to people's needs and support people who wished to go out for lunch. One staff member confirmed how the service was a team and if there was sickness then they all pull together. They told us, "I came in as extra today. I will always help where I can".

People were supported by staff who had checks completed on their suitability to work with vulnerable people prior to starting their employment. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification. Paperwork confirmed this

arrangement. One staff member told us, "I had all checks completed prior to starting my role here".

People had their medicines administered safely by staff who had received appropriate training. All medicines were stored securely and appropriately. Medicines administration records (MARs) checked were accurate and contained a picture of each person. Two people confirmed how happy they were with staff administering their medicines. They told us, "Staff give me my medicines. They are good". Another person confirmed how they got their medicines when required and needed them. They were also happy with the support staff gave with their medicines.

People felt safe. They told us, "I feel safe" and "I feel safe, staff support me". Staff had received training in safeguarding adults and were able to demonstrate their understanding of abuse and who they would go to if they had any concerns. Staff told us, "I would go to our policy and report it to my manager as well at the local authority" and "I feel people are very safe here, we undertake checks and take action if there are concerns". Staff were able to demonstrate their understanding of different types of abuse, like verbal, physical, and financial. If they had any concerns they would raise it with the manager or the local authority. This meant staff were able to demonstrate who to go to report any concerns and what abuse was.

Is the service effective?

Our findings

The service was effective.

At our previous inspection in September 2015 we found the service was not ensuring the principles of the Mental Capacity Act 2005 (MCA) were being followed. At this inspection we found improvements had been made.

For example, people's consent to care and treatment was sought in line with legislation and where restrictions were in place applications had been made. People's care plans reflected people's capacity or best interest decisions had been considered. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the last inspection we found one person could benefit from training in relationships, which could educate and give the person knowledge to enable them to make their own decisions. This training had been given and their care plan reflected the outcome. This meant the principles of the Mental Capacity Act 2005 (MCA) were being followed.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection one person had restrictions placed upon them. The registered manager had submitted the application and was monitoring the progress.

Staff felt well supported and received regular supervision and appraisals. Supervision and appraisals were an opportunity for staff and the manager to discuss any work and development opportunities. Staff, prior to having their appraisal, were asked to complete a self-assessment form on their performance. The form allowed staff to score themselves and identify areas for improvement. Appraisals confirmed the overall performance of the staff member, what was going well and things that could be improved on. Staff told us, "I have supervision every month. I can always go to [Name]" and "Yes I get regular supervision and an appraisal, staff and clients can give feedback". Records confirmed staff were receiving supervision and an appraisal.

New staff completed an induction process. Staff confirmed their induction covered mandatory training that ensured they had essential skills to carry out their role. One staff member told us, "I undertook an induction. Training is good". The registered manager confirmed all staff had completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. It applies across all social care sectors and allows everyone the confidence that workers have the same learning, skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate standards have been expected

of care workers joining health and social care since April 2015. All new staff following their induction completed probation meetings. These were an opportunity to review and address any areas for improvement.

People were supported by staff who had received training. Staff felt the training was good. One staff member told us, "I have completed lots of training, they are very good". Staff had access to additional training which was tailored to individual people they provided care and support to. For example training had been provided on different mental health diagnosis, diabetics and self-injurious behaviours. Staff were able to demonstrate their knowledge about a variety of different training undertaken. One staff member told us, "We have training every month. I have had safeguarding adults and studio three training". The staff member explained that studio three training taught them how to respond safely and appropriately when people might become upset. Training records confirmed staff had received this training. Another staff member told us, "We have various types of training such as studio three. Training is ongoing". This meant by tailoring training to the individual person staff had skills and knowledge on how best to care for them.

People were happy with the meals and drinks in the home. One person told us, "Meals are really good, I am happy with the food". People were supported to make choices about what they ate and when. During the inspection people had their breakfast at various times throughout the morning. This demonstrated people had choice and control with their meals. The atmosphere was relaxed and unhurried. Staff supported people to make meals for themselves. One person told us, "I cook twice a week. The other day I did pasta bake with cheese on top it was really nice". A staff member confirmed, "[Name] is cooking their own meal tonight and two other people are going out for lunch today". We observed people made their own hot drinks in the dining area. People had their breakfast at various times during the morning and staff enabled people to choose what they wanted. There were various options of what meals people liked and people were supported by staff to agree weekly menus and alternatives were always available if they did not like the meals offered. Care plans reflected what people preferred to eat.

One person who required additional support from staff with their communication had a communication board in place. Their communication wipe board confirmed the plan for the day and what tasks they needed to undertake. Their care plan confirmed the use of the communication board and for staff to check they wore their hearing aid. We observed both the communication board and the person's hearing aid being used on the day of the inspection. This meant where people required additional support with their communication, support was provided in line with the person's individual needs.

People were supported if they needed to make appointments to see a health care professional. During the inspection one person was supported by a staff member to attend a GP appointment. Referrals were made, when required, to other health care professionals for example to the learning disability team, social services and other specialist professionals. Records confirmed referrals and support provided. People felt supported by staff to attend appointments. One person told us, "Staff are brilliant at supporting me" to appointments. Relatives told us, "They support with medical appointments and make sure [Name] is fit and well" and "They look after [Name] health very well". This meant people had access to health care professionals when needed.

Is the service caring?

Our findings

The service was caring.

People were happy with the care and felt staff treated them well. They told us, "It's a really nice place to live", "Staff are brilliant" and "It's okay, staff they are okay". One person when asked if staff were kind and caring, they answered, "Yes". One relative told us, "I am happy and feel [Name] is really well looked after".

People felt staff treated them with dignity and respect. One person told us, "Yes, staff treat me with dignity and respect". Another person told us, "They give me choice". Staff knocked on people's doors and talked to people in a respectful way. Recent feedback from residents confirmed people felt staff listened to them and they had freedom to go out. Comments included, "Staff listen to me" and I have "Freedom to go out with or without staff support". One relative confirmed how they felt staff were always polite and spoke in a respectful manner towards their relative. They told us, "Staff are polite when I visit and they speak with [Name] in a nice way".

People were encouraged by staff to be independent. People's care plans reflected people's independence. During the inspection we observed people getting up and dressed at different times, spending time in their rooms and going out into the community. People told us, "I am off out later", "I am off swimming now", and "I am going out later in the afternoon". Staff confirmed how they support people depending on their individual support needs. One member of staff told us, "It is about what the person wants".

People were supported to make decisions and choices about their care and support. Each week people planned how they wished to spend their time. One person confirmed, "I do my weekly planner. It can change on the day but it allows me to plan what I want to do". During the inspection people made choices about if they wanted to go out for coffee or out for lunch. People's views were sought and they were actively involved in making decisions about their care, treatment and support.

People were supported by staff who were able to demonstrate how they promoted people's individual diverse needs. Staff confirmed how important it was that they supported the individual. They told us, "We have just got [Name] involved in a class that they want to do" and "It is up to [Name] if they want to go to church. We support if they want us to". The registered manager confirmed that they had introduced themed nights which were an opportunity for people to experience other cultures. For example, there had been, "A Polish and Indian night". This they confirmed was an opportunity for different food to be experienced and for people to explore the differences in the cultures. People's care plans confirmed if people had religious beliefs.

People were supported to maintain relationships with people who were important to them such as friends and relatives. One person told us, "I am off to see my girlfriend later". Another person confirmed, "I get on the bus to see my friends when I want to". Relatives confirmed they could visit when they wished. They told us, "I visit when I can" and "I can visit".

People were involved in the daily tasks around the home that promoted their independence. For example, people were responsible for helping with meals, cleaning the kitchen area, closing curtains and feeding the fish that lived at the home. The dining room had a family tree where each staff member had a framed photo of themselves. Staff felt positive about the care they provided. They told us, "I love it and enjoy it here. I love the people and the staff team we are a big team". Another member of staff told us, "It's a nice place to work".

Is the service responsive?

Our findings

The service was responsive.

People had detailed care plans which provided staff with guidance on each person's individual needs. Details of people's needs were comprehensive and included guidelines for staff to follow. Staff demonstrated they knew people well and were able to give examples of how they supported people living at Ashcombe Court.

People's care plans confirmed what was important to the person. This was recorded in a one page profile. Examples were, family, smoking, going shopping, having a burger, drinking coffee, being listened to, feeling safe and those close to them. We observed during the inspection what was important to the person was respected.

People were encouraged to maintain their independence and undertake activities that were important to them. Where appropriate, people undertook their own activities of daily care rather than staff doing it for them. Examples were where people showered, dressed and made their own breakfasts. During the inspection we observed people demonstrating their independence. This included, getting up when they wished, getting dressed and showering along with making their own hot drinks and undertaking their laundry. Staff demonstrated they knew people well and were able to confirm how they encouraged people to be independent. One example was where one person had their activity of laundry written onto their communication board. This prompted the person to undertake this activity at some point throughout the day.

People had choice about what activities were important to them. People felt able to make their own choices and planned their activities weekly. People told us, "I am going swimming today". "I go out on the bus and into town" and "I am off for lunch today". People's care plans reflected their activity choices. For example, people went trampolining, wood craft, yoga, shopping". Relatives confirmed people had choice and control with their activities. They felt these reflected what their relatives enjoyed. They told us, "These are reviewed and are what [Name] enjoys" and "Staff take [Name] shopping, this is what they like to do".

People and their relatives felt they contributed to the person's care plan. People reviewed their care once a month with their keyworker. A keyworker was a staff member who was responsible for keeping the person's care plan up to date. Records confirmed that as part of this review people were asked if they were happy with their care and if they had any changes to their care needs. These records were retained in the persons care plan. People were able to comment on the care they received and were able to raise any changes they would like made. Every year the service undertook a review of the persons' care and support needs. When required, those reviews included relatives and other health care specialists. Relatives confirmed they were invited to these meetings and felt able to raise their wishes to the care provided. One relative told us, "We attend a review once a year. There is also a social worker involved". This meant that relatives and professionals' views were sought relating to the persons care review.

People and visitors had access to a complaints policy which was accessible on the notice board in the entrance hall to the home. People we spoke with were happy and felt able to raise any concerns should they need to. They told us, "I would speak with [Registered manager] if I needed to" and "I have no reason to complain, the staff I have are good". Complaints received had been undertaken in line with the provider's complaint procedure. One relative we spoke with confirmed they have never had a reason to complain but if they did they would speak to the manager. Another relative raised concerns with us. We shared these concerns with the registered manager who agreed to investigate the concern and take any action necessary. The service had a compliments book that was kept in the main entrance to the home. Visitors and people living at Ashcombe Court had left positive comments about their experience. Comments included, 'Cooked an amazing roast', 'Please have another BBQ' and 'Invited for tea, thank-you'.

Is the service well-led?

Our findings

The service was well-led.

At our previous inspection in September 2015 we found people had inaccurate records. For example people had out of date and incomplete records relating to food and fluid charts, risk assessments, observational checks, personal evacuation plans and fire risk assessments.

At this inspection we found improvements had been made and records were current and up to date.

At our previous inspection we also found audits were not effective at identifying areas of concern found, during that inspection. At this inspection we found improvements had been made and audits identified improvements and actions plans confirmed clear times scales. For example, the quality assurance systems identified any concerns relating to health and safety, maintenance, training, recruitment; person centred planning, complaints and compliments. Quality assurance visits were undertaken unannounced by a senior manager. The registered manager confirmed they also sent a monthly report. Areas covered in the report included details of the audits they had undertaken, incidents, safeguarding's, areas for improvement and updates to people's outcomes. Records confirmed actions taken and progress made.

People, staff and relatives felt the home was a nice friendly place. They also felt the management were good. People told us, "I would go to [Name] and it is a really nice place to live" and "It is brilliant living here and I would recommend it". Staff told us, "I can go to [Name] at any time. I have even called at the weekend" and "[Name] is lovely. It is a good company". One relative told us, "It is a lovely homely home and cosy, [Name] is very happy there. I can always go to staff and the manager".

People had their views sought on the care at Ashcombe Court. The registered manager confirmed they sent yearly questionnaires' to people and their relatives. Feedback was positive and included comments such as, 'I like the home', 'I like my room', 'staff listen to me' and 'staff are always happy and friendly. People we spoke with felt able to make comments about the service there was also a comments book within the entrance of the home. The registered manager confirmed this was also an opportunity to seek feedback from those visiting the home.

Staff meetings were an opportunity for staff to make suggestions about the service and give their feedback. All staff had a hand over meeting when they started each day. This was an opportunity for staff to pass on important information such as any changes to people's care needs or wellbeing. This is important as it is an opportunity for staff to be familiar with how people might be feeling and what support and help they might require that day.

Staff confirmed the aims and objectives for the service was, for "people to be as independent as possible" and "I would say the overall aim is for people to be independent" and to enable people to gain greater independence. The providers PIR (provider information return) confirmed how important it was that people are 'able to achieve their goals effectively'. This was also confirmed by the provider's statement of purpose. A statement of purpose sets out what the business will do, where it will be done and for whom. The

statement of purpose confirmed, 'client involvement in all aspects of decisions making regarding their own life choice and activity programmes' and 'care interventions which positively encourage independent living and self-care skills'. The home also aimed to, 'support all people in a personal centred approach, ensuring that reviews are carried out in a way that promotes a happy relaxed atmosphere'. During the inspection people's care was person centred and staff promoted an atmosphere that was relaxed.

The service worked in partnership with other health and social care professionals and community professionals. This was confirmed within people's care plans and daily records. Partnership working included working with other agencies such as mental health services and doctors. The provider's information return confirmed how important it was to seek early intervention, it confirmed 'to gain an appointment at the earliest opportunity for the client's well-being'.

Prior to this inspection we reviewed notifications we had received from the service that informs us of certain events that occur at the service. We checked these details were accurate during the inspection and found we had been notified as required. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.