

Hearn Care Homes Limited

# Ashton Court Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected the service on 2 April 2015. The inspection was unannounced. Ashton Court is registered to provide care and support for up to 39 people including people living with a disability and/or a dementia related illness. The service is set out over two floors and there is a lift to enable people to access the second floor. On the day of our inspection 28 people were using the service.

The service did not have a registered manager in place at the time of our inspection. 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.

# Summary of findings

When we last inspected the service on 13 May 2014 we found there were improvements needed in relation to the way medicines were stored and administered to people. The provider sent us an action plan telling us they would make these improvements by September 2014. We found at this inspection that this had been completed and the provider had made improvements in line with their action plan.

People felt safe in the service and the manager shared information with the local authority when needed. Staff knew how to respond to incidents if the manager was not in the service. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medicines as prescribed. People were cared for by adequate numbers of staff to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were supported to make decisions about their care. Where people lacked capacity to make certain decisions, they were protected under the Mental Capacity Act 2005.

People were not always supported to maintain their nutrition and staff did not always have the information they needed to monitor deterioration in people's health.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in improvements being made to the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



### Is the service effective?

The service was not always effective.

People were not always supported to maintain their hydration and nutrition and care plans held some conflicting information about people's current needs.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support.

Requires Improvement



### Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

Good



# Summary of findings

There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement.

# Ashton Court Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected the service on 2 April 2015. This was an unannounced inspection. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with ten people who used the service, six visiting relatives and friends, three members of care staff, the cook and the registered provider. The manager of the service was not present on the day of the inspection, however the registered manager of a nearby sister home owned by the registered provider assisted during inspection. This registered manager was actively involved with Ashton Court and so had a good knowledge of the service. We observed care and support in communal areas. We looked at the care records of four people who used the service, medicines records, staff training records as well as a range of records relating to the running of the service including audits carried out by the manager and registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

When we inspected the service on 15 July 2014 we found there were improvements needed in relation to the storage and administration of medicines. We found at this inspection that the improvements had been made and people received their medicines when required and medicines were stored safely.

People were asked when they moved into the service about whether they would like to manage their own medicines and then an assessment was completed to see if it was safe for them to do so. People were happy with the medicines arrangements in the home and one person told us, "Medication's improved. A lot tighter, more care taken over it."

We found medicines were stored safely and there were systems in place to monitor this. We checked the stock levels and we found these to be accurate and records showed that medicines were being administered to people as prescribed. We found a system to ensure oxygen equipment was cleaned effectively was needed and the registered provider addressed this on the day of our visit.

People received their medicines safely and as prescribed by their doctor. We observed the lunchtime medicines round and found that all the medications were administered correctly and that the administration was recorded on the administration record after each person had taken their medicines. A reminder card was used if one person was not ready to take their medication and the record had to be returned to later.

All of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would talk to a member of staff or the manager. One person said, "They are very good to us, they take care of us." Another person said, "I'm looked after, they

make sure everything's OK. There's a person in the office and they come round every so often and check everything is alright." Relatives also told us they felt their relation was safe in the service.

People could be assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw that accidents and falls were analysed to assess if there were any trends in accidents. This led to referrals being made to the local falls prevention team to assess if steps needed to be put in place to minimise the risk of further falls. For example one person had fallen three times and this had triggered a referral to the falls prevention team. The person's care plan had been updated to reflect this change in need and additional monitoring put in place.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were quick to respond. Some relatives felt there were enough staff working in the service with one saying, "Staff have increased, in the day time there are a lot of staff."

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. We observed there were enough staff available during our visit to ensure people were given the support they needed, when they needed it. We saw call bells were answered promptly and people did not have to wait for staff when they needed assistance.

# Is the service effective?

## Our findings

People we spoke with told us that the food was good and that they were given enough to eat. One person said, “(The food is) marvellous.” Another said, “The food’s OK, they know I don’t like certain things, so will ask what else I want.”

However, we found some people were not always supported to eat and drink enough to help keep them healthy. We observed the lunch time meal and saw that mostly where people needed support to eat this was given by staff in a discreet and supportive manner. However, we saw one person had been assessed as being at risk of losing weight and their care plan stated they should receive food which was fortified to give it a higher calorific value. We looked at the information held by the cook and this person’s fortified diet was not included in the guidance and the cook was not aware the person needed the fortified diet. We saw at lunch the person didn’t eat their meal and staff did not prompt them to, nor did they offer an alternative which the person may like.

Another person had lost a significant amount of weight whilst they were in hospital but the evaluations in their care plan completed by staff in the service following their discharge from hospital had not taken this weight loss into consideration. This meant staff had not put steps in place to monitor and prevent any further weight loss. Their care plan held conflicting information about how they should be supported with their nutrition and the cook was not aware of the need for extra calories to be put into the person’s food.

The meal looked appetising and nutritious and people we spoke with during lunch told us they were enjoying the meal. The cook was aware of who needed a diabetic diet and what foods people were allergic to. Nutritional assessments were carried out on people on a monthly basis and where a risk was identified regular weights were monitored and records kept of people’s food intake. We saw people were offered frequent drinks and support was given to drink these where needed.

We found some care plans held conflicting information about people’s needs and how staff should monitor health care conditions. However the care staff we spoke with had a good knowledge of people’s current health needs and how they should support them with these. We spoke with a

member of staff who had recently been tasked with updating and improving all care plans. They told us they were working through the care plans and had not yet updated the plans we found concerns with and would make them a priority. The manager confirmed these plans had been addressed following our inspection.

People felt that staff were competent and had the training necessary to provide effective care. One person said, “My observation is it appears they do a good job.” Another person said, “They know what they’re doing.” Relatives commented positively on the way the care staff worked with one saying, “Staff do a fantastic job.”

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely and effectively. Records we saw confirmed staff were given regular training in a range of subjects relevant to their role. The registered manager of the sister home told us that a trainer was employed for use across all of the registered provider’s services. They said this allowed for individual training when staff needed specialist knowledge about certain people who used the service. Staff were given regular supervision by the manager, and these supervision sessions were used to discuss any development needs staff had.

People felt they were supported to make decisions about their care and support. The care records we saw contained consent forms which had been signed by individuals in relation to the management of medications, the planning and delivery of care and the sharing of personal information if it was necessary in the delivery of safe and effective care.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and described how they supported people who lacked capacity in decision making. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw there were assessments being carried out to assess people’s capacity to make certain decisions and where it was determined they did not have the capacity, a decision was being made in their best interests.

The registered manager from the sister home of Ashton Court displayed a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and told us they had not yet needed to make any applications for a DoLS but they were in the process of assessing if one person may need an

## Is the service effective?

application. Care plans held check lists for the manager to assess and record any restrictions people may need to keep them safe and if a DoLS application may be needed for individuals. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People told us they were able to see the doctor when they needed to. One relative told us their relation had a regular visit from the physiotherapist who was giving advice to the care staff on helping their relation improve their mobility.

We saw from care records that staff sought advice from a range of external professionals such as dieticians, occupational therapists and the falls team to support people with their health care.

We saw that where people needed support to change position due to a risk of developing a pressure ulcer, staff were maintaining records of this being done. We spoke with one person who was being supported with repositioning and they confirmed staff did this regularly. We spoke with a health professional who regularly visited the service. They told us there had been some issues in relation to how pressure sore monitoring was managed but that this was improving. They told us that staff were good at contacting them if they needed any advice.

# Is the service caring?

## Our findings

People were treated with kindness and compassion by staff. Staff spoke compassionately to people as they went about their tasks, engaging them in cheerful conversation. People said they were very happy with staff. One person said, “They (staff) are kind and caring, I can have a bit of fun.”

We observed examples where staff noticed and responded when they felt people may need support to maintain their wellbeing. For example, it was very warm in the conservatory area of the service on the day we visited. Staff opened the windows and we heard a member of staff comment that people didn’t want any more windows open but they were going to get extra drinks to ensure people didn’t become dehydrated.

We heard staff speaking to people in a kind tone of voice. We saw staff bend down to get eye contact with people to gain their attention before speaking to them. We saw staff were patient and understanding when supporting people. For example, we saw a member of staff, during lunch, ask a person if they had finished their meal or if they would eat more if they had some help. The person said they would eat more with some help and we saw they finished the meal with the assistance of the member of staff, who sat in a relaxed manner and was very patient with the person.

People were supported to express who they preferred to provide them with personal care and how they would like that care to be delivered. Preferences were explored and documented in individual care plans in great detail, including how the person would like to spend their day and how much support would be needed. Staff knew about these preferences and we saw staff had been building life history documents with people, which included photographs of the person throughout their life and details of their achievements.

Relatives felt welcomed into the service and felt staff treated them kindly. Relatives had been invited to attend recent training in caring for people living with a dementia related illness to enable them to understand the illness and how their loved one would be affected.

Staff had an appreciation of the importance of people’s choice and independence and we saw examples of staff supporting people with this. We saw there was a variety of

communal areas where people could spend their time and we saw people making choices about which area they used. Some people preferred to spend time in their room and we saw they had been provided with a key so they could keep this locked if they wished.

We saw people were given a choice of what to eat and if they did not want this their wishes were met. For example one person said they did not want what was on the menu and instead chose a sandwich and staff ordered this from the kitchen and it was provided. The dining room tables were laid out in an attractive way with napkins and condiments for people to use if they chose to.

People told us they were supported and encouraged to be as independent as possible. We saw people were provided with adapted crockery to assist them to eat independently and we observed staff supporting people to retain their independence.

The registered manager of the sister home told us that one person was currently using a Statutory Independent Mental Capacity Advocate (IMCA) who was assisting with making a decision for a person who lacked capacity. There was information in the service informing people of how to access an advocate should they wish to use one. Advocates are trained professionals who support, enable and empower people to speak up.

People we spoke with told us that staff respected their privacy and dignity. One person said, “They (staff) always knock on my door.” Another said, “They open my mail, because I can’t, physically.” This was done in front of the person and then the person was able to read their own mail once it had been opened for them. Relatives and visitors we spoke with also felt their relations privacy and dignity was respected.

We observed staff respecting people’s privacy and dignity when supporting them. For example, staff spoke to people discreetly about matters of a personal nature and knocked on bedroom doors and waited for an answer prior to entering. When people were being assisted to mobilise with walking aids or equipment, staff took care in what they were doing and treated people with dignity and respect. We spoke with two members of staff about how they would respect people’s privacy and dignity and both showed they knew the appropriate values in relation to this.

# Is the service responsive?

## Our findings

People had their needs assessed and planned for with their involvement. One person told us about regular meetings they had with the staff in which they discussed any update needed to their care plan. We saw care plans were written in a way that showed people had been consulted about how they would like to be supported and cared for.

Staff knew the likes, dislikes and preferences of people they were supporting and we saw there was a good level of detail recorded in care plans about how people preferred to be supported. There were details in care plans about people's life histories and people who were important to them and these were currently being re-designed to include more detail about what people and what they had achieved in their lives.

It was apparent during the inspection that people were treated as individuals in their daily life. We saw people choosing where they spent their time with some people going to their own rooms at various points in the day and engaging in hobbies and interests of their choice. One person had a particular hobby and told us they were happily enabled to pursue this. The person had a visitor who came as a 'befriender' and would go out and source items for the person's hobby. Other people had always liked to read or do puzzle books and we saw they were being encouraged to continue with these interests. People and their relatives made reference to activities such as singing and exercises.

We spoke to a care worker who was also responsible for organising activities for people. They showed us the range

of activities, with planned activities being available most weekdays. Included in this was a six week programme of art which some people had been taking part in. We saw their artwork was displayed in the service and people spoke proudly of this. When we asked staff what they thought the service did particularly well on one member of staff said, "There is always something for people to do."

People felt they could speak with staff and tell them if they were unhappy with the service. One person told us they had raised concerns in the past and these had been resolved to their satisfaction. One relative said they had concerns about laundry going missing and they felt they could approach the "owner" and arrange a meeting to discuss this. Another relative told us about an incident which they felt had been investigated appropriately by the manager and they told us they had been involved in the resolution of the concern. They said, "The staff always talk to us and keep us informed."

People could be assured their concerns would be responded to. There was a procedure for staff to follow should a concern be raised and this was displayed in the service. Staff we spoke with knew their responsibility to respond to any concerns raised and report them immediately to the manager. There had been six complaints raised in the last 12 months and we saw these had been investigated and addressed. In most cases it had been recorded that the outcome had been passed on to the person raising the concern and whether they were happy with the outcome. Complaints were also looked at by the registered provider to ensure they had been investigated and addressed appropriately.

## Is the service well-led?

### Our findings

There had not been a registered manager in post since June 2014. However the registered provider had recruited a new manager and they had commenced their registration with us. The new manager was also supported by the registered manager from the neighbouring sister home, run by the registered provider. The registered manager from the sister home had a good oversight of this service and people who used the service clearly knew them well, as did staff. Records we looked at showed that the manager had submitted all the required notifications to us that must be sent by law.

There was an open culture in the service and people felt they could approach the manager if they wanted to discuss anything with her. On the day of our visit the registered manager from the sister home was visible around the service and we observed people were comfortable in approaching her and she spoke to people with warmth and respect.

People were invited to attend meetings every two months to discuss events in the service. We saw the record of the meetings and saw discussions were held about whether people were happy with the service and people been asked for suggestions for activities and menu changes. There had been positive feedback by the people attending the meeting.

Staff were supported and included in having a say about the service. Staff told us the new manager was approachable and they felt comfortable raising suggestions and concerns with them and felt the manager listened and acted on what they said. One member of staff told us, "They are a good management team." Staff were included in an annual survey designed to get the feedback of staff working in the home and were given regular supervision sessions to discuss their development needs. We observed staff working together as a team and they were organised and efficient.

We saw the manager kept a record of compliments received from relatives of people who used the service. We

saw there had been four written compliments received in the months prior to our visit with one relative saying, "Impressed by the cheerful and efficient way carers operated."

People were given the opportunity to have a say in what they thought about the quality of the service they received. There had been a client satisfaction survey recently sent to people who used the service, their relatives, staff and healthcare professionals who visited the service. We saw the surveys which had been completed so far and these were very positive and complimentary about the care being delivered. The registered provider told us these would be analysed once completed and the results would be shared with people who used the service, along with an action plan if there were any issues identified which needed addressing.

There were systems in place to monitor the quality of the service provided. These included audits completed by the management team in areas such as care planning and medicines management. The manager was also required to submit a weekly report to the registered provider to inform them of any complaints, accidents and incidents. This gave the registered provider an overview of what was happening in the service on a weekly basis.

The registered provider also carried out 'short compliance visits' which were unannounced drop in visits to observe care, look at care planning and speak with people using the service and to check the environment. Any areas which needed addressing were detailed in the report sent to the manager following the visit. We saw evidence that these actions were addressed following the visit, such as areas of the garden which needed attention had been completed.

Where areas needing improvement were identified the registered provider took steps to implement these. It had been identified that care plans needed to be improved and we spoke with the member of staff who had been recruited to complete the improvements. The member of staff told us they were working through the care plans and this was work in progress. We looked at one of the care plans which had been updated and we saw these were well written with much more detail about the person's needs.