

Tinfloyd Healthcare Limited

Ashtree House

Inspection report

Church Lane
Withern
Alford
Lincolnshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ashtree House is a residential care home providing personal care for a maximum of 27 people, some of whom are living with dementia. At the time of the inspection 26 people were using the service. Accommodation was provided on two floors with a lift to the upper floor containing bedrooms. Communal areas and some bedrooms were located on the ground floor.

People's experience of using this service and what we found

People were very happy living at the service. One person said, "I am really pleased I am here, I couldn't wish for anything better." A relative said, "Staff are fabulous." People spoke about the helpfulness, kindness and friendliness of staff and told us their privacy and dignity was respected.

People received a safe service where they were protected from avoidable harm and abuse. People felt safe and staff understood their responsibilities in relation to the people they cared for. Risks to people's health and safety were assessed and actions were taken to reduce these risks. Staffing levels were planned to ensure there were sufficient staff with the right skills and experience to provide safe care that was responsive to people's individual needs. A person said, "You never wait long for assistance. People's medicines were managed safely and people told us they received their medicines regularly.

Staff were well trained and knowledgeable about the people they cared for. They liaised well with other professionals and ensured people had access to ongoing healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a wide range of activities based on their interests and which encouraged them to be as active as possible to maintain their health and mobility. They had opportunities to engage in the wider community and were supported to maintain relationships with people important to them.

The service benefitted from clear and consistent leadership. Staff were provided with opportunities to develop and progress. The service was active in the local community and had developed good links with local services and voluntary groups. Processes were in place to monitor the quality of the service provided and promote continuous improvement.

Rating at last inspection

The last rating for this service was Good (published 25 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashtree House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Ashtree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people using the service, two relatives and two visiting professionals. We spoke with five members of staff including the registered manager, two senior carers a carer, a cook, and a housekeeper. We reviewed a range of records including three people's care records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We reviewed additional information sent to us by the registered manager and spoke with the activities coordinator.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and relatives told us they were confident that their family member was safe with staff. A person said, "I know I am safe and no one can get in without authority."
- Staff showed a good understanding of safeguarding processes and told us they would report any concerns to the senior carer, or the registered manager. They were confident action would be taken in response to concerns and were aware they could report concerns to the CQC if necessary. The registered manager completed the necessary referrals to the local authority and notifications to the CQC.

Assessing risk, safety monitoring and management

- People's care records contained risk assessments to identify risks to people's health and safety and staff told us of actions they took to reduce risks to people, such as re-positioning people at risk of developing pressure ulcers and thickening fluids for people at risk of choking.
- A person told us they had fallen frequently at home prior to their admission to the service and they had not fallen since coming to the service. They said, "I have everything to hand and I have a walker. Staff are always there to help me."
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

Staffing and recruitment

- People using the service and staff we spoke with said they felt there were sufficient staff to meet people's needs. People told us staff responded promptly to any requests for assistance and they appreciated the fact that staff were able to chat with them and they did not feel hurried.
- The registered manager planned staffing levels based on the needs of people using the service and arranged for additional staff to be present at peak times such as meal times. The service did not use agency staff and permanent staff covered sickness absence through flexibility. Rosters we reviewed showed planned staffing levels were met.

Using medicines safely

- People told us they received their medicines regularly and staff explained their medicines to them.
- Safe processes were in place for the management of people's medicines and we observed staff making the required checks to ensure they were administered safely.
- Records of medicines administration were completed consistently; however, we identified that some

handwritten medicines were not signed to show they had been checked by two people, to ensure the prescription had been copied correctly. Some liquid medicines were not labelled with the date of opening, although staff said new bottles were obtained each month. The registered manager took immediate steps to ensure staff were aware of the requirements.

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. On the day of the inspection, the environment was visibly clean and we observed the housekeeper completing routine cleaning thoroughly. Schedules were in place to ensure all required cleaning tasks were completed regularly.
- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) was readily available and we observed staff using it appropriately. Staff knew what to do if a person had an infection that might spread to others.

Learning lessons when things go wrong

- Staff said they were encouraged to report accidents and incidents and they discussed actions put into place to reduce the risks to people at handover.
- The registered manager collated and analysed information from all accidents and incidents each month to identify trends and learning points.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed an initial assessment of people's needs and care plans were developed, evaluated and updated regularly.
- Staff had access to a range of national and local guidance to ensure care was delivered in line with best practice recommendations. For example, sepsis awareness information was displayed in the staff areas.
- Visiting professionals told us staff followed their advice and the recommendations of other professionals.

Staff support: induction, training, skills and experience

- Staff told us they completed mandatory training and had good access to additional training. They had completed training in caring for people with dementia and in managing behaviours that challenge. Staff had a good understanding of diabetes and other health issues affecting individuals.
- Training records showed staff were up to date with required training and completed a range of additional training relevant to their role. They received regular supervision and an annual appraisal.
- Staff were provided with the opportunity to develop their skills and knowledge further. For example, some staff were undertaking nationally recognised qualifications in care and management and some staff had gone on to do nurse training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a varied and balanced diet that was freshly prepared on the premises. The cook and care staff had a good understanding of people's individual preferences and we were told menus were developed based on people's preferences. Choices were offered for each meal and alternatives were available if people preferred another option.
- People were very complimentary about the quality of the meals provided. A person said, "The food is very good and I can have something to eat at any time." Another person said, "The meals are lovely; very tasty." Most people ate their lunchtime meal in the dining room and a social atmosphere was created.
- People's care plans provided details of the support each person required and we observed staff providing assistance and encouragement as needed at the lunchtime meal. Staff monitored people's weight and made referrals to other professionals when needed.

Adapting service, design, decoration to meet people's needs

- The environment was generally suitable for the needs of people using the service. The decoration and furnishings provided a homely environment and people's bedrooms were individually decorated with space

for personal possessions.

- Some communal areas of the service had worn carpeting and flooring. The registered manager explained that the carpets in the main lounge had recently been replaced and this was part of a programme to replace other carpeting in the service. They expected the replacement to be completed over the next six weeks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Professional visitors said staff liaised with them well and contacted them whenever there were concerns about people's health and well-being.
- We saw evidence of the contribution of health professionals in people's care records. For example, a person had been reviewed by the over 75's team in relation to aspects of their dementia, while another person had been seen by the memory assessment team and a dietitian.
- The service recognised the importance of oral health care and people had access to a dentist. A member of staff had attended a course to become a swallowing and oral health and nutrition ambassador. Oral health care was included in people's care plans.
- People were encouraged to take part in activities to keep them healthy and mobile. We saw several people had attended a sports afternoon for people with dementia at a nearby leisure centre. There were also armchair exercise and activity sessions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found the appropriate applications had been submitted and authorisations gained. When conditions were attached to the authorisations, these were monitored and the conditions were met.
- Staff described how they provided care in the least restrictive way. We saw evidence of the involvement of professionals in decision making to ensure decisions were made in the person's best interests. Two people had independent advocates who attended the service to provide support and advocate them.
- Mental capacity assessments were completed when people could not make decisions for themselves and when restrictions were in place to maintain people's safety these were supported by risk assessments and care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy and relaxed and told us there was a homely atmosphere. A person said, "It's a good place, I really feel at home here." Another person said, "I am very comfortable here; all the staff work extremely hard to make you feel comfortable."
- Without exception, people told us staff were kind and caring. They spoke about the relationships they had developed with staff and several commented they liked having a laugh and joke with staff. A person said, "They are funny and friendly; you need to have a laugh and we all have a laugh together." Another person said, "Staff are fabulous." They went on to say staff were always gentle and never impatient.
- Staff understood and promoted equality and diversity. Protected characteristics under the Equality Act (2010), such as disability and religion, were considered as part of assessment and care planning. Personalised social and cultural information was collected about what was important for people and was used to provide care tailored to their needs. A member of the local clergy visited regularly and provided communion when required.
- Four members of staff had been nominated for the Lincolnshire care awards and the activities coordinator was a winner at the care awards the previous year. We were told staff spent time with a person using the service while they were in hospital and took gifts, clothes and toiletries.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to make choices around their preferred routines, likes, dislikes and what mattered to them.
- People were involved in planning their care where possible. Two people we spoke with, said their close relative was involved in the review of their care plans on their behalf, as this is what they wished.
- People told us the registered manager came to see them daily to check on their well being and encouraged them to express their views about the care provided and whether they had any concerns or wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and treated with respect. They told us they could choose how and where they spent their time and their personal preferences were respected.
- When staff helped people meet their personal care needs, they ensured they protected people's dignity by keeping them covered as much as possible and encouraging them to be as independent as possible. We

observed staff knocked on people's doors and checked before entering their room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Support to follow interests and to take part in activities that are socially and culturally relevant to them
At our last inspection we found the provision of activities and other forms of stimulation was inconsistent and did not fully meet people's needs. At this inspection, we found this had improved and provision was good.

- An activities coordinator was appointed shortly after our last inspection and everyone we spoke with commented on the quality and variety of activities provided. The care staff also initiated activities and the coordinator said everyone appreciated the importance of activities and staff were empowered to try new things.
- A relative said, "There's always lots of things happening." A person said, "There's plenty to do and they ask us what we would like to do." "I enjoy the crafts, and we have floor activities such as bowling, and have memory or reminiscence days. We went to the pantomime, we walk to the shops and go to the garden centre." Other people told us about seated table tennis and balloon volleyball, quizzes and mind games and personalised individual memory boxes. They also commented how many people with dementia enjoyed singing.
- A person told us several people had done watercolour painting and produced Christmas and birthday cards that had been sold to provide funds for more activities. They were proud their paintings had been printed and enjoyed by others. People enjoyed helping in the home by folding laundry, or buttering bread and they felt valued; they liked to feel they were contributing. People who enjoyed gardening, potted plants in the garden and watered them regularly.

Supporting people to develop and maintain relationships to avoid social isolation

- The service played an active role in the local community. They carried out fundraising such as baking for cancer research and dementia charities and fundraising for the air ambulance.
- People were supported to maintain relationships. Relatives told us they were always made to feel welcome and could visit at any time. People using the service had attended a member of staff's wedding.
- People joined in local village events such as fetes, the Women's Institute coffee mornings, and attended tea dances and sports days led by a local dementia group, thus enabling them to mix socially with others. They had good links with the local primary school; people attended school events such as the nativity play and fetes and the school children visited the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said staff were flexible in their approach and delivered care based on their individual wishes and

preferences. Staff we spoke with, were very knowledgeable about people's individual needs and preferences and there was good continuity of care.

- People's care plans detailed the care and support people needed and their preferences in relation to this care. This ensured staff had the information they needed to provide consistent support for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and provided support. Care plans contained information about the way the person communicated, any aids they required and how some people communicated in non verbal ways, such as by the use of gestures and signs.
- Information was available in large print, easy read format and Braille. Staff had a link to a website to enable translation to other languages. Menus were available in picture format and the manager said talking books had been tried for one person with visual impairment.

Improving care quality in response to complaints or concerns

- People told us that if they had an issue or concern they would speak with the registered manager who they saw on a daily basis and who was easy to speak to. They said they were listened to and could not think of anything that could be improved.
- Processes were in place for the management of complaints. The registered manager kept a log of complaints and the action taken to address them. We saw there was good communication with complainants and a full investigation of complaints.

End of life care and support

- Staff completed training in end of life care and understood the importance of good end of life care that reflected the person's individual wishes.
- People's wishes for the end of their life were discussed with them and recorded in their care plans. Where appropriate anticipatory medicines were prescribed and available for people to ensure they remained comfortable as they reached the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong focus on delivering a high standard of care that was personalised and focused on the wishes of each individual; the well being of people using the service was at the centre of decision making.
- Everyone we spoke with spoke about the approachability of the registered manager, their visibility within the service and their willingness to do everything they could to improve people's well being and experience.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were clear about their roles and responsibilities and felt well supported. They told us there was an on call system out of hours and the registered manager was always available if needed.
- The registered manager completed quality audits to monitor the care provided. Actions from the audits were identified and addressed.
- The registered manager was aware of their responsibilities to be open and honest with people and to apologise when care did not meet expectations. They told us and relatives confirmed they discussed accidents, incidents and concerns about people's well being with family members when appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought regular feedback from staff and people using the service through surveys and meetings and collated any themes or actions from these.
- Newsletters were produced monthly which were interesting and informative. They contained information about events and activities that people had participated in and upcoming events and developments to the service. The service had developed a social media website page to help family members who were not able to visit frequently keep up to date with events.
- The service received lots of compliments and thank you cards. A comment from a relative spoke about the support staff provided for families as well as the people using the service and the welcoming and inclusive atmosphere.

Continuous learning and improving care; Working in partnership with others

- There were regular staff meetings to discuss the running of the service, reinforce areas of good practice and areas for improvement. Improvements were also discussed at the daily shift handovers.
- The registered manager had met recently with managers of other local care homes to discuss local challenges and exchange ideas for improvement. They also attended local authority provider forums when possible.
- The service had developed a scheme similar to the red bag scheme used in the neighbouring county. This was designed to improve communication between hospitals and care homes when a person is admitted to hospital. It ensures that key information, medication and personal items are transferred with the person