

Askham Village Community Limited

Askham Hall

Inspection report

13 Benwick Road
Doddington
March
Cambridgeshire
PE15 0TX

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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

Askham Hall is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection.

Askham Hall accommodates 26 people over two floors. Each floor has shared facilities such as lounges, dining areas and kitchens as well as single bedrooms.

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

People who lived at Askham Hall received care from a staff team who knew each person well. The staff were all very happy in their roles and ensuring people got the best care. People's views were respected, and they were involved in everything that happened in the service. People were happy living there and relatives trusted the staff team to look after their family members. One relative said, "The support we have received for our [family member] has been second to none. We couldn't have wished for better."

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

Staff delivered care and support that was personalised. Staff were kind, caring and motivated and people and their relatives were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to.

People were supported to maintain good health. Staff made referrals to health professionals when required. People were supported to have maximum choice and control over 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 food and drink based on their individual choice and preferences. People had access to a wide range of activities that reflected their specific needs and interests.

Care plans guided staff to provide support that met people's needs in line with their preferences.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. A relative told us, "I cannot fault the care that is provided by the staff here."

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

Rating at last inspection

The last rating for this service was good (published 3 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 ●

Askham Hall

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

This inspection was undertaken by one inspector.

Service and service type

Askham Hall 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

This inspection was unannounced.

What we did before the inspection

We looked at information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who use the service about their experience of the care provided and three relatives. We observed interactions between staff and people who used the service. We spoke with seven staff members, the registered manager, a nurse, two assistant practitioners, a kitchen assistant and one care

worker.

We reviewed a range of records. This included two people's care records which included all aspects of care and risk. A variety of records relating to the management of the service, including audits.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility and the process to safeguard people from poor care and harm.
- Posters, giving information on how to raise any concerns were on display throughout the service for people and their visitors to refer to.

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken. These included for people at risk of falling, risk of acquiring pressure sores and any risks relating to eating, drinking and weight loss. Guidance was in place for staff so that risks were minimised.
- People had emergency evacuation plans in the event of an emergency such as a fire.
- Staff used equipment and technology such as care call bells and pressure relieving equipment to support people's well-being.

Staffing and recruitment

- Recruitment checks continue to be undertaken to make sure staff were suitable to work with the people they were supporting. The PIR stated, ' Staff are only employed at Askham following a value-based interview and diligent checks on staff including their historical records and recent references.'
- There were enough staff on the day of inspection to support people's care needs in a timely manner. A person said, "If I call out or ring my bell, staff arrive quite quickly to help. It is very rare that I have to wait a long time."
- The registered manager told us that staffing levels were determined following regular assessments of people's care and support needs and the input needed from staff.

Using medicines safely

- Medicines management had improved since the last inspection. This meant that people received their medication as prescribed.
- Staff kept accurate records of all medicines ordered, administered and disposed of. Medicines storage was appropriate.
- Staff undertook medicines training and had their competency checked on an annual basis. Regular audits were conducted, and action taken when appropriate

Preventing and controlling infection

- The provider continued to have systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were aware of their responsibility to

keep people safe from the spread of infection. They used gloves and aprons appropriately.

- The service was clean and smelt fresh throughout.

Learning lessons when things go wrong

- The management team analysed all accidents and incidents, so that they could identify any themes or trends and take the appropriate action to prevent a recurrence. The PIR stated, 'Staff meetings and staff communication will also include a lessons learnt element wherever possible.'

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 pre-assessments before people were offered at place at the service. This helped make sure staff had the skills and knowledge to meet the persons care and support needs.
- Staff used up to date guidance and best practice to support people.

Staff support: induction, training, skills and experience

- The PIR stated, 'new staff are supported to learn the ropes with a focussed induction, as well as ongoing training both on the job and in the training centre.' New staff undertake shadowing with an experienced staff member. This was until they were confident and competent to deliver effective care and support. Staff new to the role of care also completed the Care Certificate. This is a nationally recognised induction training programme.
- Staff had their knowledge to deliver effective care developed through a training programme, competency checks, supervisions and appraisals.
- The PIR stated, 'When putting the rota together due consideration is also given to skill mix and experience, together with ensuring continuity of care for residents at the home.'

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

- Staff monitored people's weight and encouraged people to eat and drink enough to promote their wellbeing.
- Staff supported people who required extra assistance to eat their meals in a patient and kind way. People's dietary needs were catered for. One person told us "I really enjoy my food and there is always a good choice."

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

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. These included healthcare professionals such as GP's and district nurses.
- The PIR stated, 'We work closely with GPs and others to avoid call outs and unplanned hospital admissions.'

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

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- As there were quite a few people who were living with dementia there were no areas of interest to

stimulate for people who liked to move about the service such as tactile stimulation and objects to explore. There was no contrast between areas especially in the communal areas and the corridors.

- Signage in the service could be improved to support people with identifying where they were, such as signage to support them with orientation. The provider told us they will raise this at the next residents meeting and seek suggestions for how improvements could be made.

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.

- Where people had been assessed to lack the mental capacity to make decisions applications had been made to the local authority supervisory body to put legal restrictions in place to keep them safe. A staff member confirmed, "Always assume somebody has capacity in the first instance then give practical help to help someone make a decision. If [a person] hasn't got capacity, you may have to make a best interest decision for them. If you make a best interest decision make it in the least restrictive way you can and make sure we record it."

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

- Staff were seen to be kind and compassionate towards the people they supported during the inspection. People gave positive feedback on the assistance and help given by staff. A visitor said, "The staff here can't do enough for both [family member] and our family. They always take care of us all. We are so grateful for the way they take care of [family member]"
- Staff communicated with people in a way the person understood best. This included staff speaking to people at their eye level, face on and speaking clearly.
- Interactions observed were positive. One staff member waited patiently for a person who needed time to swallow their medicines. Staff gave people time to make choices.
- People had developed positive relationships with staff who knew them well.

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

- Staff talked with people and involved them where possible in decisions about their care and support needs.
- People and their relatives could attend meetings within the service where they were updated on any changes and were able to express their opinions. One visitor told us, "Meetings happen and we try to come along."

Respecting and promoting people's privacy, dignity and independence

- Staff continued to respect and promote people's privacy and dignity. They knocked on people's doors and waited for a response before entering.
- Staff showed respect by not discussing people's support and care needs in front of other people.
- Staff supported people to remain as independent as possible. One person confirmed, " I like to do things for myself and staff always let me try before helping me if I am struggling."
- Staff supported people to maintain relationships with relatives and friends. Staff welcomed people's visitors to the service. One visitor told us, "We are always made to feel very welcome. It's like home from home."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care records continued to be personalised and gave staff guidance on people's likes and dislikes and how to respond to people's care and support needs effectively.
- Staff knew the people they were supporting well.

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.

- Information for people could be made available in different formats such as large print or audio if this was needed. This meant information could be given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans and staff told us how they used body language or signs as a means to know if people who were non-verbal might need support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Various activities continued to be organised with visits into the local community
- People told us they enjoyed lots of activities at Askham Hall. There is also a knitting club where people make blankets for rescue animals. One person said, "I enjoy a good game of bingo."
- Festivals such as Easter, Christmas and Halloween were celebrated, which helped orientate people to the time of year.
- Religious services took place in the service for people to attend should they wish to do so.

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The policies described what action the service would take to investigate and respond to complaints and concerns.
- People and their relatives told us they felt able to talk to the staff at any time and were confident their concerns would be addressed. One relative said, "We have nothing we want to complain about. The staff are so good and helpful." Another person said, "No complaints at all. If I had I could speak to any member of staff who I am sure would deal with my concerns."

End of life care and support

- The staff continued to support people and their relatives both in planning for and at the end of the person's life.
- The ethos of the service was that people should be able to die at Askham Hall if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen, if at all possible.
- The registered manager told us that end of life decisions were discussed as soon after people moved into the service. Staff listened to and recorded what the person wanted and what the person wanted to tell them about 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

- People spoke positively about the registered manager and the staff. One person said, "I am well looked after, I couldn't ask for better." A relative told us, "The friendliness and professionalism of the staff is amazing, it's the best."
- The registered manager encouraged staff to develop their skills and knowledge and progress through their careers should they wish to. A staff member said, "I am enjoying undertaking the responsibility of my new role. The (registered) manager was very encouraging for me to progress."

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

- The registered manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The registered manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff told us that they attended regular team meetings where information about the service was shared quickly with them.
- Staff undertook audits to monitor the quality of the service provided. Representatives from the providers management team also completed monitoring visits as part of the providers governance systems. Any improvements needed and either been completed or action still to be taken.

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

- Relatives and people were invited to attend meetings should they wish. These meetings kept attendees up to date with the service, any changes and were also a place to discuss any suggestions people may have had.

Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority, GP's, district nurses and chiropodists. This helped make sure people received joined up care and support.

