

Askham Village Community Limited

Askham Hall

Inspection report

13 Benwick Road
Doddington
March
Cambridgeshire
PE15 0TX

Tel: 01354740269

Website: www.askhamcarehomes.com

Date of inspection visit:

14 June 2017

22 June 2017

Date of publication:

03 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Askham Hall provides accommodation, nursing and personal care for up to 26 people, including people living with dementia. The home is built on two floors and is one of four care homes, set around a courtyard garden. The reception area includes a café that is open to the general public as well as to people living in any of the four homes on the site. At the time of this inspection there were 25 people in residence.

This inspection was carried out on 14 and 22 June 2017 and was unannounced.

At our last inspection the service was rated overall as good, but with improvements required in the responsive domain. At this inspection we found the service remained good overall. There had been improvements relating to the question 'are services at this location responsive?'. However, we found that improvements were required in the way medicines were managed.

The service was not always safe because we could not be sure that people received their medicines safely and as they were prescribed. Potential risks to people were assessed and minimised and staff understood their responsibility to protect people from avoidable harm. There were enough staff on duty to meet people's needs and staff recruitment ensured that only staff suitable to work at this home were employed.

The service continued to be effective because people received care from staff who had the skills, knowledge, training and support to ensure they did their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff obtained consent from people when they offered care. People's nutritional needs were met and people were supported to have enough to eat and drink. A range of healthcare professionals visited the home to support people to maintain good health.

The service continued to be caring because staff showed they genuinely cared about people and treated them with kindness and compassion. Staff had good relationships with people, treated people with respect and supported them to maintain their privacy, dignity and independence. Visitors were welcomed and also had warm, friendly relationships with the staff.

The service was responsive because care plans were personalised and gave staff guidance on the care each person needed. The range of meaningful activities was improving so that people had more to do to keep them occupied. People and their relatives knew who to speak to if they were not happy with the service and were confident their complaints would be addressed.

The service continued to be well-led because there was a registered manager in post who was approachable, provided good leadership and understood their responsibilities to everyone involved with the home. People, staff and visitors to the home were encouraged to put forward their views about the service being provided. Suggestions for improvement were listened to and acted upon when possible. The quality of the care was monitored by a range of audits that were carried out regularly.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We could not be sure that people were always given their medicines safely and as they were prescribed.

There were enough staff on duty to meet people's needs. Staff recruitment ensured that only staff suitable to work at this home were employed.

Staff recognised their responsibility to keep people safe from avoidable harm and abuse.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made to the range and frequency of activities, outings and entertainment offered to people.

Care plans gave staff detailed, personalised guidance on how to meet each person's needs in the way the person preferred.

People and their relatives knew how to complain if they needed to and were confident their concerns would be addressed.

Is the service well-led?

Good ●

The service continues to be well-led.

Askham Hall

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection included an unannounced visit to the home on 14 June 2017 by one inspector 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. The registered manager was on leave so it was arranged that the inspector spoke to her on the telephone on 22 June 2017.

Prior to the visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We asked for feedback from healthcare professionals who had regular contact with the service.

In January 2017 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

During our visit on 14 June 2017 we observed how the staff interacted with people who lived at Askham Hall. We spoke with five people who lived there and four of their relatives. We spoke with six members of care staff, a registered nurse and a kitchen assistant. We also spoke with the quality nurse, the activities team leader, the registered manager and a visiting healthcare professional. We looked at two people's care records as well as other records relating to the management of the home. These included records relating to the management of medicines, audits and accident and incident records.

Is the service safe?

Our findings

People were satisfied that staff dealt with their medicines and one person confirmed that they received pain killers when they asked for them. Our check of medicine management found that some aspects were carried out well. For example, medicines were stored securely and at the correct temperatures; unused medicines were disposed of correctly; and staff had signed the medicine administration record (MAR) charts to show that they had given people their medicines. However, we found a number of errors. An incorrect number of tablets for one medicine had been recorded on the MAR chart. Even taking this into account, the number of tablets remaining in the pack did not tally with the number received and the number given. It was not always clear how many tablets had been given for medicines prescribed with a variable dose. For one person a medicine prescribed to be taken when required was not available. These issues meant that we could not be sure that people had been given their medicines safely and as they were prescribed. However, our discussion with the registered manager confirmed that following our visit they had already put systems in place to improve medicine management.

People told us they felt safe living at Askham Hall. They said this was because of the quality of the staff. Their comments included, "I feel safe. There are [staff] around to protect me. I would tell someone if I felt frightened"; and "It's fine here. I get anxious at night, I tell the staff and they reassure me so I don't worry about anything." This was confirmed by relatives, who were confident their family members were safe and happy. One relative said, "The staff are genuinely concerned for the residents' safety."

Staff had undertaken safeguarding training and their comments confirmed that they knew how to protect people from avoidable harm. They demonstrated that they would recognise and know how to report concerns, including to external agencies responsible for safeguarding. One member of staff told us, "I wouldn't let anyone harm the residents. I would report it and stop it happening. It never has."

The provider had systems in place to identify, assess and manage any potential risks to people. Care records included assessments of risks, such as risks associated with moving and handling, falls, pressure ulcers and nutrition. Care records gave staff detailed guidance on actions to take to minimise risks whilst supporting people to remain as independent as possible.

Personal emergency evacuation plans were available in case they were needed, for example in the event of a fire. They gave the emergency services and the staff full details about each person's needs in an emergency. One relative told us how they had been reassured to learn that there is equipment available for their family member, to be used for emergency evacuation. People reported that the fire bells were tested regularly.

We found that there were enough staff on duty to meet people's needs in a safe and timely way. Staff worked in a calm manner, did not appear rushed and found time to chat to people in their bedrooms. Call bells were answered within a satisfactory timeframe. One person told us, "There's usually enough staff. I don't wait long if I press the bell." A relative reported, "I think there's usually enough staff. [Family member] gets turned in bed on time and pads are changed regularly."

Staff recounted the procedure that had been followed when they were recruited. They had not been allowed to start work until all pre-employment checks had been satisfactorily received. These included references from previous employers, identity checks and a criminal records check. This meant that only staff suitable to work at this home had been employed.

Is the service effective?

Our findings

At this inspection we found that staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. Staff told us that they were offered a wide range of training, which they enjoyed and which helped them to do their job as well as possible. People felt that staff knew what they were doing and provided care that met their needs. One person said, "They know about my illnesses and what I need." Another person told us they were diabetic. They said, "[Staff] know what to do [with regard to the diabetes]." A relative told us, "The nurses are very knowledgeable."

Staff told us that they felt very well supported by the management, senior staff and each other. Staff received regular supervision and had an annual appraisal. One member of staff said, "I could go to most people today if I had a problem: they're all very approachable." Another member of staff told us, "The structure is amazing. There's so much help from management if you need it; the nurses and the manager."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). Staff told us, and care records confirmed that people's mental capacity had been assessed and DoLS applications made to the local authority when required. Staff understood that most people had the capacity to make day to day decisions such as what they wanted to wear and what they wanted to eat and drink. One member of staff said, "Obviously we always give people choices: we don't take their rights away." We saw this in practice and noted that staff always asked people for their consent before any task, such as assisting the person to move or to eat. This meant that people's rights in this area were protected.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. We saw that people were offered choices and if they wanted an alternative it was provided. One person told us, "The food is lovely, a nice selection and you can ask for more if you're hungry." Another person said, "The food is really good; nice and hot." Where assistance or encouragement was needed, staff gave it in a way that met each individual's needs. Special diets were catered for. People's weights were checked and when required people's food and fluid intake were recorded and monitored to make sure nutritional health was maintained.

People continued to be supported to maintain good health by a number of healthcare professionals who visited the home. These included the GP, chiropodist, optician, tissue viability nurse and dietician. People were confident that their doctor was called when they needed to see them. One person told us that staff accompanied them to their hospital appointments if their relative was not able to.

Is the service caring?

Our findings

People made very positive comments about the staff and about the care that they received. Their comments included: "Staff are good and very friendly"; "I get excellent care here"; and, "[Staff] talk to me and are very friendly." Relatives also made very positive comments. One relative said, "[Name] has exceptionally good care. I feel involved and have a voice." Another relative told us, "The staff are cheerful and friendly and are genuinely concerned for the safety and well-being of the residents."

We saw that staff continued to treat people in a caring way, with warmth and kindness. People and staff interacted well and we saw lots of occasions when there was friendly, appropriate banter going on between them. One member of staff told us, "I treat people in the way I'd want to be treated...residents like to laugh and joke. It's warm and friendly."

Staff knew people well, including their history and their likes and dislikes. Having recently returned from a period of leave, one member of staff told us they were spending time chatting to new people to get to know them and reading their care plans. They stressed how important this was. One person said, "I like it when staff spend time chatting to me about my family and things before I came here. They seem to find it interesting."

Staff told us that people were offered choices in all aspects of their lives and we saw this on the day we visited. Choices included what time people wanted to get up, what they ate and drank and how they spent their day. People confirmed this and one person told us, "I prefer to stay in my room but they always ask me if I want to go to the dining room or lounge, in case I change my mind."

Staff respected people's privacy and dignity. For example, staff almost always knocked on bedroom doors before entering; personal care was offered discreetly; and staff called people by their chosen name. Care plans contained a reminder to staff about how the person wanted their privacy and dignity maintained. Staff told us they supported people to maintain their independence. One member of staff said, "I make time so that people can do things for themselves." Care plans gave staff guidance on each person's abilities. For example, one person's plan stated, "[Name can be encouraged to take part in personal care by washing [their] face and arms."

Visitors were encouraged, made to feel welcome and made to feel part of the home. One relative said, "This is my second home. They are my extended family." Another relative told us, "I have a good relationship with the staff here. I feel involved and they tell me what's happening."

Staff worked hard to ensure they found ways to communicate with people effectively. Relatives made very positive comments about the staff's ability and willingness to communicate, both with their family member and with them. One relative told us, "Although my [family member] can't communicate well, they work around it." Another relative said, "Staff communicate with me by telephone or when I come to visit."

Is the service responsive?

Our findings

People and their relatives were satisfied that staff responded to people's needs effectively and in a timely manner. We saw that a comprehensive assessment of each person's needs was carried out before the person was offered a place at the home. This was to ensure that the home had the facilities and staff to fully meet the person's needs.

Care plans had been developed from the initial assessment, from discussion with the person and their relatives and from information gleaned by the staff. People and their relatives confirmed that they had been involved in developing the plans. We saw that care plans gave detailed guidance to the staff on how the person wanted their needs to be met. A one-page summary assessment of goals and care needs had also been produced, which staff could refer to quickly. We saw that care plans were evaluated and reviewed monthly, or more frequently to reflect the person's changing needs. Staff told us that they were given time to read care plans, which were useful and gave them a lot of information about each individual.

At our previous inspection we judged that improvement was required with regard to supporting people to follow their interests and take part in meaningful activities. At this inspection we found that some improvements had been made in this area. The provider employed a team of staff to organise outings, entertainment and activities across the four homes. We spoke with the recently employed activities team leader. They were enthusiastic and had lots of ideas for developing further the opportunities for people to lead full and interesting lives. For example, a small lounge that was rarely used had been turned into 'The Askham Arms'. Old-fashioned pub games, such as shove halfpenny and table skittles were available. All the men living in the four homes had been invited to celebrate Father's Day and staff hoped to develop this into a Gentleman's Club.

Each lounge had a tub of activity equipment for staff and visitors to use to entertain people. The tubs contained items such as dominoes, cards and colouring books and pencils. A group of staff had got together and formed 'The Sunshine Singers'. They entertained people living at the home each month and this had become more and more popular. Outings, such as boat trips, shopping and a day at the local Raptor Centre took place. A weekly calendar was provided so that people knew what was going on and in which of the four homes. On the day of the inspection a church service was held in Askham Place and those people from Askham Hall who wanted to were supported to attend. The activities team leader was very aware that things to do for people who stayed in their rooms needed further development. They said, "It's all about talking to people, listening and doing spur of the moment things."

People and their relatives told us they knew how to complain. Some said they had never had to, but would be happy to talk to the manager if they needed to. Others told us they had raised issues, felt listened to and their issues had been addressed. The provider had a complaints policy and procedure so that people knew how to raise a complaint formally if they wanted to. We saw a poster on the notice board, asking 'Does Askham make you smile?' with details of how to let the home know how it did or did not make them smile. Staff told us about the 'Smiles and Frowns Box', which was available for anyone to put comments in, anonymously if they wanted to. Responses to matters raised were published in the Askham newsletter.

Is the service well-led?

Our findings

The home had received numerous compliments and expressions of gratitude from people and their relatives. One relative wrote, "I am writing to say how much we as a family have appreciated everything you did for [name]...the list is endless and we are well aware that caring went beyond the basics. You all took [name] to your hearts." A healthcare professional who visited the home regularly told us that there had been marked improvements in the service being provided. They said, "I'm really pleased...they're being fantastic and doing really well. I leave feeling quite enthusiastic."

People and their relatives told us they continued to feel involved in the home. They had opportunities, both formally and informally, to put forward their views, ideas and suggestions for improvement. Meetings for relatives were held and a newsletter was produced regularly to aid communication. People and relatives felt they were given feedback when they made comments.

There was 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. The registered manager was fully aware of their responsibilities to people using the service, their relatives, the staff and all other stakeholders. We found that required records were maintained securely and notifications had been sent to the CQC as required by the regulations.

Most people and their relatives knew who the registered manager was and said they felt comfortable talking to her. One person said, "I feel able to say what I think to her, she's very understanding." Staff said the registered manager provided good leadership and they liked this registered manager's management style. One member of staff told us, "I love it here. It's so much better than where I used to work." Another member of staff said, "I love it. We're a team here...we all work together and just get on with it." Other comments included, "It's open and you know where you stand"; "Communication is good"; and "This is like a family, everybody supports each other."

The registered manager said that it was a happy staff team, which was evidenced by the fact that staff were staying. The registered manager described the staff as "the hardest working team with the strongest team spirit" and added that they had "every faith in all my staff." The registered manager had introduced a scheme so that people, relatives and staff could nominate a member of staff to be star of the month. The provider had introduced incentives, such as additional pay, in recognition of long service.

Staff knew about the provider's whistleblowing procedure, which was detailed on notice boards around the home. They showed that they understood their responsibilities in this area and would raise concerns about poor practice if they needed to. One member of staff said, "I would have no hesitation to whistle blow. Our job is to care for people." They knew the provider would investigate and act if poor practice was reported and proved.

The provider had a quality assurance system in place to make sure they were providing a high quality service. A range of audits of various aspects of the service provided was carried out. These included audits of care plans, health and safety, infection control and medicines. We saw that any actions required were listed, with dates when these had been completed. Accidents and incidents were recorded, analysed and discussed at staff meetings so that everyone could learn from them.

The registered manager had devised a bereavement pack, which had been shared with other homes in order to benefit the whole community. The provider was discussing this with a charity with a view to it becoming a nationally adopted tool.