# Tinfloyd Healthcare Limited

# Ashtree House

## Inspection report

Church Lane
Withern
Alford
Lincolnshire
LN13 0NG

Tel: 01507450373
Website: www.ashtree-house.co.uk

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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? | Requires Improvement |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Ashtree House is registered to provide accommodation and personal care for up to 27 older people, including people living with dementia. The registered provider also offers day care support in the same building as the care home although this type of service is not regulated by the Care Quality Commission (CQC).

We carried out our inspection on 30 August 2017. The inspection was unannounced. There were 26 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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.

At our last inspection in July 2015 we rated the home as Good. Following this inspection the rating remains as Good.

Action was required to improve the provision of activities and other forms of stimulation and occupation. In all other areas however, the provider was meeting people's needs effectively.

There was a calm, relaxed atmosphere and staff supported people in a kind and friendly way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with food and drink of good quality that met their individual needs and preferences. The décor and facilities in the home reflected the needs of people living with dementia.

There were sufficient staff to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way. There was a varied training programme in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted DoLS authorisations for three people living in the home and was waiting for a further 11 applications to be assessed by the local authority. Staff had an understanding of the MCA and demonstrated their awareness

of the need to obtain consent before providing care or support to people. Decisions that staff had made as being in people's best interests were correctly documented.

The registered manager was well-known to everyone connected with the home and had the loyalty and respect of her team. A range of auditing and monitoring systems was in place to monitor the quality and safety of service provision.

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

We always ask the following five questions of services.

### Is the service safe?

**Good**

The service remains Good.

### Is the service effective?

**Good**

The service remains Good.

### Is the service caring?

**Good**

The service remains Good.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

The provision of activities and other forms of stimulation was inconsistent and did not fully meet people's needs.

The provider's approach to care planning was effective.

The décor and facilities in the home reflected the needs of people living with dementia.

Any concerns or complaints were managed well.

### Is the service well-led?

**Good**

The service remains Good.

# Ashtree House

**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. The inspection was planned to check whether the provider was 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 visited Ashtree House on 30 August 2017. The inspection team consisted of 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 inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, six visiting family members, the registered manager, the deputy manager, the head chef and two members of the care staff team.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

# Is the service safe?

## Our findings

People told us they felt safe living in the home and that staff treated them well. One person's relative said, "I know that when I leave here [name] is as safe as if they were in my home with me. Absolutely."

Staff were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary. Advice on how to contact these external agencies was provided in the information pack given to people when they first moved into the home.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. Each person's care record detailed the actions taken to address any risks that had been identified. Senior staff reviewed people's risk assessments regularly to take account of any changes in their needs. At the time of our inspection, the provider was participating in the pilot of a 'harm free care' project sponsored by the local authority. Staff told us this was a positive initiative which had been helpful in further enhancing their approach to the assessment and prevention of potential risks to people's safety and well-being. For example, using a tool supplied by the project team, staff had identified one person as being at risk of falling. Specialist advice had been sought and a range of measures put in place to reduce the risk.

The registered manager said she kept staffing levels under regular review and, since our last inspection, had increased staffing on all care shifts to reflect the changing needs of the people living in the home. Describing the high priority she gave to this issue, the registered manager told us, "We are staffed up well. [We] don't spend money on matching furniture. [I'd] rather spend it on staffing." Commenting positively on staffing levels in the home, one member of the care staff team said, "[There are] plenty of staff. [Senior staff] say 'Just take your time, take as long as it needs'." One person's relative said, "I have never been here when I have thought [there were] not enough staff on." Reflecting this feedback, throughout our inspection we saw staff had time to meet people's care and support needs without rushing.

We reviewed two staff personnel files and saw that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home. Although we were satisfied that the provider's recruitment practice was safe, the registered manager agreed to document more carefully any occasions when she deviated from the provider's standard recruitment procedures, to evidence that any risks had been considered and mitigated.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these were in line with good practice and national guidance. Medication administration record sheets (MARs) came pre-printed from the supplying pharmacy. On arrival, these were colour coded by staff to further reduce the risk of any errors in the administration of people's medicines. On the day of our inspection, reflecting feedback from our inspector, the registered manager took action to ensure more accurate recording of the administration of any creams applied by staff when providing people with

personal care. Staff conducted regular temperature checks of the medicine storage area and fridge, to ensure medicines were being stored in line with the manufacturers' instructions. The procedures for the use of 'controlled drugs' (medicines which are subject to special storage requirements) were also managed safely, in line with legal requirements.

Good

# Is the service effective?

## Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. One person said, "I am well cared for here." Another person's relative told us, "If it hadn't been for the care that my [name] receives on a daily basis [they] would have passed away years ago."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting positively on their induction, one staff member told us, "It was hard work [but] good. The girls showed me what to do. They taught me well." The provider was aware of the National Care Certificate which sets out common induction standards for social care staff and was in the process of incorporating it into the induction process for newly recruited care staff.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Speaking positively of recent training events which had been facilitated by an external trainer, one member of staff told us, "The quality of the training is good. The way they get someone in. Where I was before it was the manager [but] it's better [to have] someone from outside [who is] more up to date." Looking ahead, the registered manager told us she had made arrangements with a local college to offer staff a number of additional courses to develop further the knowledge and skills of her team. The provider encouraged staff to study for nationally recognised qualifications. One member of staff said, "I've got NVQ Level 3. There's a few [of my colleagues] who have just finished Level 2 and been [encouraged] to go onto Level 3. [The registered manager] is supportive."

Staff received one-to-one supervision from the registered manager personally. Staff told us that they found this a safe opportunity to reflect on any issues and seek advice. For example, one member of staff said, "It's very helpful. You can express any concerns [and] raise suggestions. [The registered manager] is very understanding and accepting." Commenting on the support she also received from the deputy manager, the same member of staff told us, "[Name] is very supportive. She is never afraid to get stuck in [and] if you've got a problem, just ask and she'll help you."

Staff were aware of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Describing their approach in this area, one staff member said, "[Even if they have lost capacity in some areas] they can still make [day-to-day] decisions for themselves. [Such as] tea or coffee, skirt or trousers."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the provider had been

granted DoLS authorisations for three people living in the home and was waiting for a further 11applications to be assessed by the local authority. The registered manager made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, one person was receiving prescription medicine 'covertly', without their knowledge. We saw that this decision had been taken as being in the person's best interests following a documented discussion with relevant parties.

People had the choice of a continental or full cooked breakfast, seven days a week. A variety of hot and cold choices was also available at teatime, including homemade cakes. For lunch, people had a choice of two main course options although the head chef told us that kitchen staff were always happy to make an alternative if requested. In confirmation of this approach, at lunchtime one person said they didn't like either of the two main course options on the menu. The head chef asked the person what they would like instead and prepared this for them. Another person who didn't fancy any of the three pudding choices on the menu asked for ice cream instead. This was provided without hesitation.

Kitchen staff understood people's preferences and used this to guide them in their menu planning and meal preparation. For example, the head chef told us he was in the process of reviewing the menu and would be including less poached fish and more chicken and lamb, reflecting people's feedback. Staff also had a good understanding of people's nutritional requirements, including people who had allergies or who followed particular diets. For example, on the day of our inspection the head chef was preparing a reduced sugar rice pudding for people living with diabetes and a meat-free cottage pie for one person who was vegetarian.

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, community psychiatric nurses and therapists. Describing their approach if they had any concerns about a person's health, one staff member told us, "We let the senior know [and] they will come and have a look. [If necessary] they will ring the district nurse. Generally the district nurses are here every other day." Reviewing the responses to one of the provider's recent 'quality assurance' surveys we noted a local healthcare professional had commented, "Ashtree House is a pleasure to visit. [The registered manager] and her team are friendly, helpful and professional in their approach. Outstanding in communication, documentation and adhering to advice and instructions."

Good

# Is the service caring?

## Our findings

People told us that they were happy living in the home and that staff were caring and kind. Smiling contently, one person said, "I am happy." Another person's relative commented, "It is not a care home. This is a home from home."

There was a calm, relaxed atmosphere in the home and throughout our inspection we saw staff interacting with people in kind and caring ways. For example, we observed a member of staff patiently helping someone to enjoy a mid-morning drink, chatting to them throughout. The person was unable to hold a conversation but it was clear from their facial expression that they appreciated the staff member's gentle and friendly support. On another occasion, we saw a staff member helping someone make their way slowly along the corridor to the toilet, holding their hand and offering words of encouragement as they went. One relative told us, "There are always plenty of staff around and [I am] very happy with the care. [It] definitely passes the 'Mum's Test'."

Describing her personal philosophy of care, the registered manager told us, "I always say to [new staff] this is their home, not yours. You work for them, not for me. We need to allow residents to do what they wish. If someone doesn't want to get dressed today, that's okay." This commitment to supporting people in a fully person-centred way that met their individual needs and preferences was clearly understood by staff in all departments. For example, one member of the care staff team told us, "One lady likes a good back wash. It's got to be done… very particularly. Scrubbed and dried well. I try my hardest to fulfil [everyone's] wishes." Another member of the care team said, "One lady likes her make up on in a special way. She's always got to have her earrings in too." Describing his determination to provide people with as much choice as possible, the head chef told us, "If they want it, they can have it!"

Staff also understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, talking of one person they worked with, one staff member said, "I encourage her to wash her own hands and face. Everyone likes their independence." Another member of staff said, "I encourage people to walk [if they can]. It gets their legs and muscles moving." Talking specifically of her approach to supporting people living with dementia, the registered manager told us, "People need to feel comfortable with what they're doing, no matter how strange. Nobody is doing anything wrong on purpose. It is [sometimes] hard for families to accept [but] if someone is eating with their hands, at least they are still feeding themselves."

The staff team also supported people in ways that helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. For example, one member of staff said, "I always cover [people] with towels. And curtains are not open until personal care is completed." The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected. The provider had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of social media platforms.

Information on local lay advocacy services was available to people and their relatives on one of the noticeboards in the reception area of the home. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. The registered manager told us no one living in the home currently had the support of a lay advocate but that she would not hesitate to help someone secure one, should this be necessary in the future.

Requires Improvement

# Is the service responsive?

## Our findings

The provider's 'service user guide' which was given to people and their families when they first moved into the home stated, 'Service users need to live fulfilled lives, and to aid this a stimulating, interesting activities programme is on offer at the home. The Home offers a wide range of activities designed to encourage residents to keep mobile and most important to keep them mentally stimulated and assist them to take an active interest in life. Additionally, many service users prefer to continue with some daily tasks …from assisting with the washing up, folding laundry or mending clothing'.

The provider had recently reorganised staffing arrangements in this area of service provision. The registered manager told us that two members of the care staff team were now given dedicated time off the care rota to facilitate the delivery of activities and other forms of stimulation and occupation. Describing this new approach, the registered manager said, "[It started] about a month ago. [We realised this area] needs a bit more focus. Five or six days [each week] the two girls do an early shift until 1pm and then drop onto activities until 6pm. [But] it's a bit of a mish mash at the moment…definitely a work in progress."

Reflecting these comments, we found that further work was indeed required. The registered manager advised us that a variety of activities and other events took place on a regular basis, including movement to music, arts and crafts and live entertainments. However, on the day of our inspection visit, neither of the two new activities leads was working. As a result, no activities were provided, other than a short period in the late afternoon when a member of the care staff led a sing-along which was enjoyed and valued by those taking part. Similarly, despite the wording in the service user guide, at no point during our inspection did we see anyone being encouraged to maintain their daily living skills. Instead, we saw some people sitting for extended periods with little or nothing to do. Additionally, although there was a variety of resources available for staff to use to provide people with stimulation, including board games and jigsaws, these went largely unused on the day of our inspection.

When we discussed these issues with the registered manager she was quick to acknowledge that, "The activities [provision] is not right. We are experimenting with what works and what doesn't." Although the creation of the two new activities leads appeared to be a promising first step, further improvement was clearly required, to ensure the delivery of the 'stimulating … activities programme … to assist [people] take an active interest in life' that was promised in the service user guide. Following receipt of our draft report, the registered manager contacted us to advise us that she had given further thought to staffing arrangements in this area and had appointed a new full-time activities coordinator who would be starting in mid-October 2017.

If someone was interested in moving into the home, the registered manager said she encouraged them and/or their relatives to make an initial visit. Describing her approach, the registered manager said, "I encourage people not to make an appointment [but just] turn up when they like. [And] I am always saying, 'Have you been [to look round] somewhere else [as well]?'." Following their visit, if someone did want to move in, the registered manager or her deputy normally visited them personally to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Talking of the increasingly

specialist nature of the home, the registered manager said, "I don't take people without dementia [anymore]. As I don't think it is fair [given the needs of the people already living in the home]." Once it was agreed that someone would move in, an admission date was agreed with the person and their family. When the person arrived, senior staff used the pre-admission assessment to provide care staff with initial information on the person's key preferences and requirements, pending the development of a full individual care plan. Talking of the importance of taking time in the preparation of the full care plan, the registered manager said, "[We aim to have it in place] within a month. We find that people change. In the first few days we write, write, write in the hope we get a feel of what the person wants. [And] we listen to what staff have to say."

We reviewed people's care plans and saw that they were well-organised and provided staff with detailed information on how to respond to each person's individual needs and preferences. For example, one person's plan stated that they required assistance from a member of staff to turn on their shower and make sure the water temperature was correct. Another person's plan set out instructions for staff to follow to ensure their nutritional needs were met. Staff told us that they found the care plans helpful, particularly when somebody first moved into the home. For example, one member of staff said, "It tells you everything you need to know. Family, food [preferences], any allergies, bath or shower. [They also give] clear guidance on what we need to do. [Name] updates them every month." To further assist staff in the provision of responsive, person-centred care, in their bedroom people had a 'This is Me' poster which provided a summary of the person's likes, dislikes and key support requirements. The poster was laminated to make it easy for staff to erase and update the information in line with people's changing needs and preferences. Talking positively of this initiative, one staff member said, "They write about themselves, what they used to do, kids. [It is] a good talking point."

The deputy manager reviewed each person's plan monthly to make sure it remained up to date. In addition to these regular care plan reviews, the registered manager told us she also offered annual review meetings to people and their relatives. Talking positively of the provider's proactive approach towards involving them in their loved one's care, one relative said, "The home contact us, for example when they are getting the doctor in, and ask if we want to be here."

The décor and facilities in the home reflected the provider's increasingly specialist focus on the needs of people living with dementia. For example, there were cinema posters from the fifties and sixties in the communal corridors, to remind people of films they might have seen in their younger days. Similarly, a 'reminiscence lounge' had been created with vintage furniture, sewing machines and other artefacts that would have been familiar to many people living in the home. Reflecting the fact that many people were no longer able to use local facilities, the provider had created a mobile bar with a wide range of alcoholic and soft drinks, which the registered manager told us was often brought out in the evenings to enable people to enjoy a drink together.

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. The registered manager told us that formal complaints were rare as she encouraged people and their relatives to alert her to any issues or concerns, to enable them to be resolved informally. Confirming the provider's approach in this area, one person's relative said, "I never have had a concern. [But if I did] in my opinion it would be acted on promptly. When formal complaints were received we saw that the registered manager had ensured these were handled correctly in accordance with the provider's policy.

Good

# Is the service well-led?

## Our findings

People we spoke with told us they thought highly of the home. For example, one person's relative said, "This place has saved my life and done [name] a power of good." Another person's relative commented, "I will be honest with you. I have not got a bad word to say about this home. I cannot fault the care."

The registered manager was clearly well-known to everyone connected with the home. For example, one person's relative told us, "[The registered manager] is nearly always here." The registered manager told us she worked hard to maintain her visibility and throughout our inspection we saw her out and about in the communal areas of the home, talking to people and their visitors and working alongside staff. Commenting on her 'hands-on', non-hierarchical leadership style, the registered manager said, "I like to be called if there is a problem. I am willing to clean the toilets. No one is better than anyone else." This approach had won her the loyalty and respect of her staff team, one of whom told us, "She's always downstairs floating about. If you need anything she's there. She's done care and been a cook in the kitchen. When I was at [another care service] the manager wouldn't give any help. Here, you get all the help you need." Another staff member said, "[The registered manager] is a good boss. She's always around and always willing to lend a hand if needed. Last week she helped with care whilst training was happening."

Staff worked together in a well-coordinated and mutually supportive way. For example one member of staff said, "The atmosphere is good. We all work well together. We help each other out. If someone needs help we are always happy to step in." Team meetings, internal memos, communication logs and shift handover sessions were used by the provider to facilitate effective communication. Talking positively of their experience of attending staff meetings, one member of staff said, "[The registered manager] comes and listens. We raise any concerns we've got [and] find out where we've gone wrong."

The provider maintained effective systems to monitor the quality of the care provided, including regular care plan reviews and equipment and infection control audits. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the home. The report and rating from our previous inspection was on the provider's website and on display in the home, as required by the law.

The provider conducted regular surveys of people and their relatives, visiting professionals and staff to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were extremely high. For instance, one relative had commented on their survey form, "Top quality home and staff. I can't fault this super care home." Another relative had commented, "Don't change anything. Mum has spent eight really happy years here." Nevertheless, the registered manager told us she reviewed the survey returns carefully to identify any areas for improvement. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, one relative had written to the registered manager to say, "[We] cannot express how grateful we are for everything you did for our Mum during her stay with you. All the staff consistently went above and beyond with every aspect of care. We will always remember the cups of tea, the giggles, the endless desserts we shared with Mum. It was a lovely time."

Another family had written a poem which was on display in reception. Part of it read, "A place full of loving, laughing and listening. Such a wonderful staff never tire of giving. Home from home where there's comfort and care. Touching of hands and stroking of hair. Reaching out to the lost, bewildered and frail. Each someone a somebody, every one with a tale."