Barchester Healthcare Homes Limited

Ashby House - Milton Keynes

Inspection report

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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

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

Ashby House is in a residential area of Milton Keynes and is registered to provide accommodation and personal care to people who may or may not have nursing care needs. They provide care for older people who may also be living with dementia and can accommodate up to 64 people at the service. When we visited there were 51 people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before their care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff treated people with kindness, dignity and respect and spent time getting to know them and their

specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and could contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

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 has improved to Good.

Appropriate systems were in place to ensure people provided consent to their care and staff worked within the principles of the Mental Capacity Act. People's needs were effectively assessed before people moved into the home and staff had the training and support they required.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Ashby House - Milton Keynes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive unannounced inspection which took place on 22 May 2018. The inspection was completed by one inspector, one assistant inspector, one specialist advisor and one 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 and on this occasion the expert had experience of care services for older people.

Before the inspection, 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. The provider returned the PIR however the inspection did not take place until sometime after this and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with 13 people who lived at the home, six relatives, eight members of care staff and two members of activities staff. We also spoke to the registered manager and the provider's representative. We completed pathway tracking for five people and completed observations of the care that was provided. We looked at care plan information relating to eight people, and four staff files. We also looked at other information related to the running of and the quality of the service. This included quality

assurance audits, training information, handover information, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive safe support from the staff at the service. One person said, "I like it here very much, the staff make me feel safe and wanted." Other people and relatives we spoke with made similar comments.

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "If any concerns were raised I would tell the manager and report it straightaway. We saw that staff received training in safeguarding procedures, and the registered manager had a good understanding of their responsibilities. Safeguarding investigations were completed when required and these were reviewed to identify if any learning could be established and shared with the staffing team.

Risk assessments were detailed, individualised and up to date. They covered each person's individual risks and gave guidance to staff about how to minimise those risks. For example, people at risk of developing pressure sores had risk assessments and care plans in place to help reduce those risks. Staff were knowledgeable about people's potential risks and worked effectively to support people safely.

Staffing numbers were adequate to meet people's needs. One person said, "They [the staff] help me when I need it." During our inspection we saw that people had the support they needed from care staff and nurses who were available for people when necessary. The registered manager used a dependency tool to identify the amount of staff required to meet people's needs and observed the timelines of care in practice. Rotas confirmed that staffing was consistent and appropriate for people's needs. We saw that the call bell system was used and people's requests for help were usually responded to in a reasonable amount of time.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

The staff supported people with the safe administration of medicines. One person said, "They [the staff] bring several tablets for me during the day and they help me to take them with a drink." People were not rushed to take their medicines and all necessary arrangements for the safe administration, ordering, storage and disposal were complied with. People's Medicine Administration Records (MAR) were filled in accurately including records that were used for topical medicines and skin barrier creams.

People were protected by the prevention and control of infection. The staff took pride in the building they were working in, and provided care to people in a clean and tidy environment. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Incidents and accidents were recorded within the service accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team. Staff were

knowledgeable about any changes to people's care as a result of any incidents.

Good

Is the service effective?

Our findings

At the last inspection we found that improvements were required to support people to make specific decisions about their care if they lacked the mental capacity to do so independently. At this inspection we found that improvements had been made in this area.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and we found that they were. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS appropriately and as required. People told us that staff sought their consent before carrying out any care.

People's needs were assessed before they came to live at the home. Pre- admission assessments were completed by the management team before care was delivered. The assessment covered people's diverse needs which included their cultural, physical, mental and spiritual care needs. Staff were respectful of people's diverse needs and took steps to reflect this. For example, one person's relative told us since they had moved into the home, their relative was supported to attend a 'dementia friendly' mass service which helped them to follow their religious beliefs.

Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete an induction before they could support people with their care. One member of staff told us, "I have had extra training in dementia care to try and help people better, and other key areas like depression, fire safety, safeguarding. It has helped me to give better care to people." Staff completed an induction and shadowed experienced staff before they started supporting people with their care. Staff were required to complete a full training programme which reflected the needs of the people living at the home. Training was monitored and staff were required to refresh their skills and knowledge on a regular basis.

All staff received supervision from their manager although this could be completed on a more regular basis. One member of staff said, "We do have supervision from the manager although I can't remember when the last one was. If I had any problems I could talk to the deputy manager as they're on the floor more, but I know I could go and speak to [the registered manager] if I needed to." Staff told us they felt they could approach management if they needed additional support.

People were supported to maintain a balanced diet. People's dietary needs were known and understood by staff. Staff monitored people's food and fluid intake effectively when this was necessary and acted to ensure people's nutritional needs were met.

People had access to all the healthcare requirements they needed. One relative said, "When the staff have had to call the GP for [my relative], they always let me know. They also have a SALT (Speech And Language Therapy) review every three months or so." We saw that an accurate record of people's ongoing health conditions were maintained and that actions were taken swiftly to ensure that people got the support they

required.

The home was in the process of a large refurbishment to update the home and ensure the premises were safe for people to use. The home had been designed to ensure people could move around freely and without obstacles. People had access to safe outside space which they were encouraged to access if they wished.

Good

Is the service caring?

Our findings

People enjoyed spending time with staff and they had been able to develop trusting relationships with them. People and their relatives were positive about how staff treated them. One person said, "The staff are kind and keep me safe." One relative said, "The staff are all wonderful, if they can do anything for you, they will." Another relative commented, "They've been really caring."

The staff team had the information they needed to provide individualised care and support. They were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They were able to offer support to people in times of anxiety or distress. We saw staff providing people with comfort and reassurance when they were unsure or felt upset.

People were treated with dignity and respect. One person's relative said, "It's the staff that make it. They treat [name] as a person, not a body. Even though she can't really communicate, they talk to her in a very appropriate manner, she's not a child and they explain to her what they're going to do." Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. We saw that staff supported people to adjust their clothing if it had compromised their dignity. People appreciated the respect staff had for them and were happy with the way they were treated.

People could make their own choices about their care and support, and staff made this is as easy as possible for people. For example, if people required support to get dressed, staff helped them to choose what to wear to suit their needs and the temperature. On the day of the inspection we saw that people were supported to go outside and their clothing was adapted to help people maintain their own temperature.

Relatives were involved in making decisions about people's care. We saw that when people's care required adjusting, or if there had been an incident, people's relatives were informed and discussions were had about future care plans. Another relative told us that they could support their loved one at mealtimes. They said, "I help [name] eat at mealtimes sometimes. [Name] seems to eat better when I'm here but I know the staff do a good job when I'm not here. I feel I can be involved and make decisions if I need to."

People were supported to maintain relationships that were important to them. Relatives and friends could visit as they wished. We saw that staff talked to people about their loved ones when they were not there.

The provider had good links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up.

Good

Is the service responsive?

Our findings

People's diverse care needs were fully considered and care planning supported their preferences. Following an initial assessment of people's care needs, the management team made a care plan which provided guidance to staff about people's care preferences. Each person had an individualised care plan which reflected the care they required. This was included assessments of people's pain levels and an assessment tool for considering depression for people with dementia.

As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been reviewed on a regular basis and accurately reflected their current care needs. Staff could tell us about how they supported each person which was in accordance with their care plan.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People could have information available to them in an easy read format if this was their preference, or if this was not available staff explained to people what was happening so they could understand.

People were supported to take part in activities within the home. People could go out on visits using the minibus, for example, on visits to the garden centre. People enjoyed the activities that were on offer and the service had dedicated staff to make this a success. People were supported to join in group activities or spend time on a one to one basis to help prevent isolation and loneliness.

People were supported at the end of their life to have a comfortable and dignified death. End of life care plans were in place and staff understood how to support people at the end of their life. The nursing team ensured that the appropriate medication was available for people at the end of their lives to have a pain free death and to ensure they could remain at the home if this was their wish.

People and their relatives understood how they could complain and felt their concerns were listened to. One person's relative said, "A couple of times I've had some concerns… and I've gone straight to the manager who resolved them for quite quickly." We reviewed the complaints that had been received and found that they had been investigated and responded to in a timely way.

Good

Is the service well-led?

Our findings

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 had a clear vision and was committed to delivering person centred care that respected people's diversity, personal and cultural needs. People knew who the registered manager was and saw them regularly. Staff were positive about the registered manager and told us they felt very supported by her. One member of staff said, "[The registered manager] is just what we needed here. She's a strong person and very supportive."

The service had a positive and open culture that encouraged people using the service, relatives and staff to provide their feedback in a variety of ways. This included annual surveys, and group meetings. Relatives found these informative and helpful. One relative said, "There are relative meetings for us to attend. I don't often come because they are in the evenings but I can read all the notes." Another relative said, "I've been to a couple [of meetings]. The manager tells us what's coming up and we get the chance to ask questions".

Quality assurance systems were in place to monitor the standards of care provided at the service. We saw that the audits reviewed different aspects of care and that actions were taken to make any improvements that had been identified. We found that although there were call bells in place within the home there had been no monitoring or auditing to ensure that call bells were responded to efficiently. We discussed this with the registered manager to consider the implementation of this.

The latest CQC inspection report rating was on display on the website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority and safeguarding teams. We saw that when the local authority had completed quality monitoring visits the registered manager used these to help drive improvement.