

Mr Simon Andrew Ewington

Ashcott Lawns

Inspection report

Ashcott Lawns, Chapel Hill,
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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

Ashcott Lawns is a care home for up to 17 older people. The registered manager and assistant manager offer a family run service that provides personal care in a pleasant rural village environment. The home is located in a traditional house and is arranged over two floors. In the past year the home environment had further improved with up-dated shower facilities and additional equipment. The service provides personalised care and supports people with a many different care requirements. At the time of the inspection there were 10 people living in the home.

At the last inspection in November 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good :

People told us they were looked after very well at Ashcott Lawns. They said it was "a good place to be" and they "did very well" in the small, informal environment.

People told us they felt safe at the home and with the staff who supported them. They had no worries and were confident they could talk to staff if they had. They had confidence any concerns they had would be promptly addressed by the staff.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Improvement was required to aspects of the staff recruitment practice.

People were supported by sufficient numbers of staff to meet their needs in a relaxed manner.

The manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs. Staff noted changes in people's health and requested GP visits when required.

People were supported by kind and caring staff. Some people had lived in the home for several years. One person said "Staff are excellent, superb. They do very well. Everything is grand." A member of staff said "I would treat people here as I would like my grandparents treated. Treated respectfully, with their privacy respected at all times."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

The service was well run by the registered manager and assistant manager who had the skills and experience to run the home so people received high quality person-centred care. The manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people. "We want to ensure people are respected, have their dignity maintained at all times. We want a homely, friendly service where people make their own choices."

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?

The service required improvement .

The provider had systems and processes in place to keep people safe and minimise the risk of abuse however some improvements were required to staff recruitment practices. The provider used professional judgement when appointing staff but did not follow current guidance and best practice. People felt safe in the home and with the staff who supported them.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

The service remained Good.

Good ●

Ashcott Lawns

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 inspection took place on 18 December 2017 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection took place the provider completed a Provider Information Return (PIR). This asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

At our last inspection of the service in December 2015 the service was rated as Good overall. Since that inspection no concerns have been identified and the service remains Good.

At the time of this inspection there were 10 people living in the home. During the inspection we met with nine people in their own rooms. We spoke with the registered manager, assistant manager, two members of staff and two relatives.

We observed lunch being served and saw how staff interacted with the people. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of six people who were staying at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People continued to receive care that was safe. All the people we spoke to told us they felt safe in the home and with the staff who supported them. One person said "It is safe. It is nice. There could be nothing better for me. Everything is on time. You know who is coming through the door to see you."

The provider had systems and processes in place to keep people safe and minimise the risk of abuse however some improvements were required to staff recruitment practices. The registered manager and assistant manager understood the importance of recruiting the appropriate staff and talked to us about the personal qualities and standards they expected from their staff. Staff had completed an application form prior to their employment and provided information about their employment history. When staff were qualified copies of their certificates were included in the staff files. The service had proof of the person's identity and an enhanced Disclosure and Barring Service [DBS] check had been completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. However of the three staff files we inspected two did not have two references from previous employers they had worked for. By not getting adequate references the registered manager may not be able to confirm staff were of good character or suitable to work with older people. We spoke with the registered manager who agreed to obtain references for the staff member without references. We recommend the provider researches current guidance and best practice for recruitment and take action to update their practices.

People were safe because staff had received training in how to recognise and report abuse. Records confirmed this. Staff spoken with had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The manager confirmed any concerns reported would be fully investigated and action would be taken to make sure people were safe. The manager was knowledgeable and confident with their safe guarding responsibilities and had worked in partnership with relevant authorities to make sure issues were fully investigated.

Accidents in the home were recorded and audited. The records included details of any action taken to minimise future risks of for example falls.

Care plans contained risks assessments regarding people's manual handling needs and risk of falling. People who were able were encouraged to walk outside and go out with their friends and families. The manager and staff were able to tell us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the risk of harm.

People's records were accurate and up-to-date. Staff accessed this information in order to provide knowledgeable, safe care. The assistant manager emphasised the importance of communicating with staff verbally so they were fully informed about people. They worked alongside care staff and had contact with people on a daily basis. Written information was augmented by daily supervision and team meetings to ensure staff had a full picture of people's needs and the safest means of supporting them.

People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. People said there were enough staff and they had never felt neglected. People told us when they rang their bells staff came "quite quickly. As quickly as they could." One relative said "There are enough staff and we know them well."

The home and the equipment used in the home was safe and records showed it had been maintained and serviced regularly. Manual handling equipment was serviced and maintained at the required intervals. There had been substantial investment and up-dating of equipment since the last inspection to meet people's changing needs. People had adjustable profiling beds that enabled people to change their position in bed easily and independently. A new wet room had recently been completed which maximised people's independence when showering. The registered manager had organised external contracts to maintain fire safety equipment.

People's medicines were administered by senior care staff who had received appropriate training. People were able to administer their own medicines if they chose to do so and could also be prompted by staff if this was required. This meant that people could remain safely independent if this was what they wanted. The registered manager carried out regular medication audits and community pharmacists visited the home to complete medication checks and reviews.

The home was very clean and free from all odours. This helped to protect people by preventing the spread of infection. Since the last inspection a full time member of domestic staff had been employed. Care staff received training in infection control and had adequate supplies of personal protection equipment such as disposable aprons and gloves. Staff received training in food hygiene.

Is the service effective?

Our findings

People continued to receive effective care.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People had been visited by the registered manager and asked about the support they needed.

People received care from staff who were well trained and competent. Staff had begun using an on-line care training system. Staff had completed training modules in safeguarding, medicine administration, food hygiene and care planning. The registered manager said staff were encouraged to take as many modules as they wanted to. The assistant manager told us they backed up the training with regular direct supervision and observation to ensure staff were competent. Staff told us about the support they received to gain formal qualifications.

Care staff reported any concerns about people's health to senior staff. People's health was monitored and it was clear from people's comments and care records action was taken when people were unwell. One person was waiting for a visit from their GP. They said if they were unwell staff summoned help quickly. Later we were told about the person's visit by the assistant manager.

People's care plans gave information about their health needs and how they were to be addressed. The home arranged for people to see health care professionals according to their individual needs. People received regular visits from GPs. Records showed short term health needs were addressed promptly. Long term health conditions were monitored and appropriate referrals and visits were made to consultants and specialist clinics. Community nurses supported people in the home with diabetic care. Community psychiatric nurses visited to support people who had mental health needs. Records showed opticians and chiropodists visited the home regularly. People who had diabetes received specialist monitoring and check-ups. The increasing age and fragility of some people in the home meant they were closely monitored and assisted to maintain their independence and mobility.

People were supported to have a balanced diet that promoted healthy eating. People spoke very positively about the food served in the home. They described meals as "better than I could provide myself" and "were able to make their individual preferences known. One person said "They ask everyday "what would you like today?" They tell us what is on the board and if you do not want hot food you can have salad." Another person said "The food is good but I do not eat a lot. They will always try and find an alternative to encourage you."

When there were any concerns about a person's appetite or weight loss there was evidence in the care plan that the person had been assessed and necessary action taken. Some people needed diets adapted for their poor swallowing ability. Care plans contained detailed guidance regarding the consistency of food and fluids to be offered. We saw staff offering the drinks of the correct consistency. Staff also understood the importance of offering the person their food when they were alert not at prescribed meal times.

People only received care and support with their consent. Throughout the inspection we heard staff consulting with people and asking them if they were happy with the support they were offered or had received.

Where people lacked the mental capacity to make decisions about their care staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the people who know the person well and other professionals when relevant. People's legal rights were protected because the manager and staff had received training and knew how to support people who may lack the capacity to make some decisions for themselves.

The number of people living in the home with a degree of dementia had increased since the last inspection. The registered manager and deputy manager had planned training up-dates to ensure the care and support they provided demonstrated best practice.

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 registered manager had knowledge of the Mental Capacity Act (2005) and had worked in partnership with relevant authorities to make sure people's rights were protected. At the time of the inspection no people were being cared for under the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

The home continued to be caring.

The inspection took place when the home was prepared for Christmas. There was a happy relaxed atmosphere with communal rooms nicely decorated. Staff had taken time to arrange people's Christmas cards where they could be seen. Arrangements had been made to enable people to have a good time. Families had been invited to events and musical entertainment had been arranged.

People said they were supported by kind and caring staff. Everyone we spoke with was very positive about the staff. People said staff were kind and polite. "Friendly" and "absolutely wonderful." One person had lived at the home for some years. They said "Staff are excellent, superb. They do very well. Everything is grand." Another person said "I have been here a while now and it is very good. The care staff do the best they can. They look after me very well. They are very kind, very thoughtful."

People's privacy and dignity were promoted in the home. All care was conducted privately and discreetly. Doors were always closed and staff spoke quietly to people when asking them about their support needs. At night people were consulted about the frequency of times staff entered their room to check on their well-being. People were able to request less frequent checks subject to risk assessments.

People were supported to express their views informally on a daily basis and each month when their care and support was formally reviewed with their key worker. Regular meetings were held with the registered manager and assistant and people felt able to raise general issues about the home.

People's friends and relatives were made to feel welcome in the home. One person's family member visited each day and had lunch in the home. Relatives told us they were kept informed of issues related to their family member's care. One relative told us of the assistance given to their family member during the transition from their own home to the service. They said "The providers were very helpful. They came to talk to us before (family member) moved in. It helped to make a good transfer."

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us they were able to "please themselves" and "do what we want." This included choosing when they got up and went to bed and planning their daily routines.

Each person had a detailed care plan that gave staff the information they required to provide care that met people's physical, mental and social needs. One person said "I don't have to ask for anything. They know what I want. If there is a change they organise it."

The registered manager talked about the changing needs of people in the home and how these changes had been met by increasingly flexible approaches to daily events such as meal times and bed times. Daily entries in care plans recorded how people's daily routine changed according to their inclinations.

People were encouraged and supported to live as they chose. One person said they chose to spend most of their time in their room. They said they spent "hours" watching the birds that came to a feeding station outside their window.

Other people liked to spend more time in the sitting rooms. One person said "I go to the sitting room most days. There are different activities, singing and a few games. It is very nice actually." One person liked to go for a walk every day. They knew people in the village and enjoyed having a chat if they met people they knew. People went out with their families whenever possible. When people were able to they went out for a meal or a trip to the shops. The assistant manager told us they responded to specific requests from people that reflected their interests.

People told us they would be able to raise any issues of concern within the home. There was a formal complaints procedure which had been used infrequently as people were able to talk to the registered manager and deputy manager and staff to have issues resolved promptly. One person told us there were people they could talk to. "(Deputy manager) is very good. Easy to talk to."

Whenever possible people were cared for at the home till the end of their lives. Some people's needs changed and they required nursing care or were assessed as needing support in a specialist dementia service. The registered manager told us they always tried to support people to stay at the home with the support of other health professionals. People had regular contact with GP's and community nurses. This professional support enabled people to receive medicines to assist them with their pain or anxiety if they were needed.

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in place who had the skills and experience to run the home. 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 recently completed their training as a manual handling trainer and had gained a qualification to deliver in-house training.

The assistant manager continued to develop their role and expertise. Most recently they had taken a lead in supporting people to maintain their continence in the home. People and staff spoke very positively of the support and assistance they received from the assistant manager. They said they were "always willing to stand in and help" and "always willing to listen."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The manager and assistant manager had self-contained living accommodation in the home and were in very regular contact with staff and people living in the home. The assistant manager undertook the role of chef and also supported people to attend hospital clinics and other appointments out of the home. They were available to support staff and people who lived in the home on an almost daily basis. There was an on-call rota showing who staff could contact if they needed extra assistance or support.

Staff understood the vision the registered manager had created for the service. This was to make it home from home and for staff to be part of an extended family. "I would treat people here as I would like my grandparents treated. Treated respectfully with their privacy respected at all times." Another member of staff told us they received "very clear direction" and were creating a "home from home".

The registered manager and assistant manager took action to ensure people received good care. They were closely involved with the daily delivery of people's care. Staff appraisal records showed that as well as providing positive feedback to staff any issues or need to work on aspects of performance were addressed.

The registered manager and assistant manager knew people who lived in the home and their families very well and were up-to-date with their changing needs and care.

People's views were gathered informally on a daily basis and through regular meetings with the manager. People also completed satisfaction surveys. The most recent survey indicated people were satisfied with the care and support they received in the home. One person had written "You won't get any better anywhere. I am happy with all they do."

The manager constantly sort to improve the service. They looked at ways people's care could be as person-centred as possible and sort solutions to people's care needs on an individual basis. As people's needs

changed the way in which their care was delivered was reviewed and up-dated on a completely individual level. When shortfalls in recruitment records were identified during the inspection they agreed to review and improve their recruitment systems to avoid future omissions.

The manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.