

Solehawk Limited

# Ashton Court Care Home

## Inspection report

376 West Road  
Newcastle Upon Tyne  
Tyne And Wear  
NE4 9RJ

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10 September 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ashton Court Care Home is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 42 people. Ashton Court Care Home accommodates people in a purpose-built building across three floors. One of the floors specialises in providing care to people living with dementia.

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

People and relatives told us the care provided at Ashton Court Care Home was good. They described staff as kind and caring.

People said they felt safe living at the home. Staff showed a good understanding of safeguarding and whistle blowing; they were confident to raise concerns if needed. Previous safeguarding concerns had been reported and fully investigated.

There were enough staff on duty to meet people's needs. New staff were recruited safely.

Medicines were managed safely. Incidents and accidents were monitored to help prevent a further occurrence and learn lessons. Health and safety checks and risk assessments were completed to help maintain a safe environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were well supported and received the training they needed. Staff supported people to have enough to eat and drink and to access healthcare services when needed.

People's needs had been fully assessed; this was used to develop care plans. People were supported to participate in a range of activities.

People, relatives and staff gave positive feedback about the management of the home. Quality assurance was effective in identifying areas for improvement. There were regular opportunities for people and staff to share their views about the home. Residents were actively involved in many aspects of the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Ashton Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashton Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a nurse and care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage medicines safely and did not robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were now receiving their medicines safely. Medicines were stored correctly; accurate records confirmed which medicines people had been given. One person said, "I get ear drops put in once every Monday and I have tablets every morning. The staff are very good at making sure I take them and I'm confident they know what to give me."
- Checks helped to ensure staff followed the agreed medicines management procedures.
- Health and safety checks and risk assessments helped keep people, the environment and equipment safe.
- The provider had procedures for dealing with emergency situations, this included plans to evacuate people safely if required.
- Staff understood how to support people when they were anxious or distressed.

Staffing and recruitment

At our last inspection we recommended the provider reviews their recruitment procedures in line with best practice to ensure appropriate references were obtained when recruiting new staff. The provider had made improvements.

- The provider now followed safe recruitment practices; correct references had been sought when recruiting staff, along with other pre-employment checks.
- There were sufficient staff on duty to meet people's needs in a timely way. Staffing levels had been increased and maintained since our last inspection. One person said, "I think there is enough staff in numbers here and I feel there are always staff around at nights."
- The registered manager reviewed staffing levels to check they remained acceptable.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff said the home was safe. One person commented, "All the time I've been in this home I've always felt safe. The staff are very friendly and look after you making sure you feel safe."

- Safeguarding concerns were reported and thoroughly investigated; preventative action was taken to help keep people safe.
- Staff understood the safeguarding and whistle blowing procedures; they were confident to raise concerns if needed. One staff member said, "I have not used it [whistle blowing procedure] but I would definitely raise concerns if needed."

#### Preventing and controlling infection

- The home was clean, well decorated and maintained; staff followed effective infection control practices. One relative told us, "I think the home is very clean and the furnishings are lovely. Staff are constantly cleaning the rooms."

#### Learning lessons when things go wrong

- Accidents and incidents were monitored to help keep people safe and prevent them from happening again.
- The registered manager analysed accidents and incidents to check the correct action had been taken and to learn lessons.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to consistently follow the requirements of The Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisations had been approved where required; the registered manager monitored DoLS to ensure they remained valid.
- Staff followed the requirements of the MCA; assessments and best interests decisions had been made for restrictions placed on people. For example, where people could not consent to their admission to the home.
- Staff had completed MCA training; they knew how to support people with making daily living choices and decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed to identify their care needs; this included considering their preferences.
- A social profile was completed when people moved into the home; this provided information about religious and cultural needs, favourite activities and any links the person had with the local community.

Staff support: induction, training, skills and experience

- Staff received good support and the training they needed; staff said they had regular one to one supervision and an appraisal. One staff member said, "We get good support ... I can speak to the manager anytime. We also have supervisions and an appraisal."
- Training, supervisions and appraisals were up to date.

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

- People were supported to have enough to eat and drink.
- People and relatives gave good feedback about the meals they received. They commented, "The food is fine and they give me enough food to last me the whole day. I'm not fussy with what food I get but the food I do get I've always liked."
- Meals were adapted appropriately to meet people's health needs and preferences. One person said, "The food is good. They always ask me what I want, they don't just give me it. They know I'm a vegetarian and they give me the food I want."

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

- People's care records included a summary of important information to be shared if they accessed other services. This included how they communicated and their medical history.
- People had access to a range of health care professionals depending on their needs; this included GPs, community nurses and specialist nurses.
- There was a weekly GP round within the home; the older persons specialist nurse involved said the home provided good care and staff were helpful.

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

- The home was suitable to meet people's needs. Adaptations had been made to meet the needs of people living with dementia; there were themed areas and good signage to help people orientate about the home.
- Since the last inspection the registered manager had introduced many changes to improve people's living environment; this included a bar area, a cinema room and a tea room.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from kind and caring staff. People and relatives commented, "I love this home ... it's a wonderful place to be in. If you want anything, you just ask for it and the staff will try and get it for you" and "The personality of staff is great. They have time to talk to me and don't feel rushed."
- People were supported to meet their religious needs; holy communion was held in the home each month.
- There was a small shop in the home; the registered manager had developed a photo catalogue of items available in shop to enable people nursed in bed to participate. They could choose items to be delivered to their room.
- Staff had a good understanding of people's interests. They often sat and chatted with people about topics of interest to the person.

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

- Staff had a good understanding of people's communication needs; they used this knowledge to support people with making choices.
- There were warm and caring relationships between people and staff; staff interacted to ensure people had what they needed.
- Information was displayed about how to access independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative told us, "There have been no issues around confidentiality, respect and dignity."
- Staff understood the importance of promoting both dignity and independence; they described how they adapted their practice to achieve this. One person said, "I'm glad that staff recognise my ability. They promote my independence and really encourage me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care and support plans were detailed and mostly contained the information staff needed. We discussed with the registered manager about including more personalised information to help support people who were distressed or anxious. Care plans were available for staff to read.
- People could discuss any wishes they had for their future care needs; these were recorded in their care plans.
- The provider received compliments praising staff for the care provided to people at the end of their lives. They praised staff for making their family member's last days memorable and comfortable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in different formats to suit people's needs.
- Pictorial information was used on notice boards to raise awareness of important topics, such as Plain English safeguarding information and photo menus. 'You said, we did' was displayed in a pictorial format in the reception area to highlight the action taken in response to people's and relative's suggestions.

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

- There were opportunities for people to participate in activities; people chose whether to participate.
- People and relatives gave positive feedback about activities. They commented, "There are a good range of activities and my [family member] has enjoyed the singing ... the activities coordinator encouraged my [family member] to knit because she likes doing that" and "They had a great summer fair and raised lots of money."

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints; previous complaints had been fully investigated and resolved.
- People and relatives knew how to raise concerns if required. They said, "I've never had the need to raise any complaints over the two years I've been here and I'm quite satisfied."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to operate effective quality assurance systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider now had a structured approach to quality assurance; this was effective in identifying areas for improvement.
- The provider's quality assurance systems incorporated additional oversight with external checks from senior management.
- There was an improvement plan for the home; this was updated as actions were completed or new actions identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive and welcoming atmosphere; staff morale and teamwork were good. One staff member commented, "Everyone gets on well as a team, there is a good atmosphere."
- The registered manager prioritised people's needs; there was a high level of participation from people across the home. This included involvement in talks about health related issues, a residents' association and giving feedback about job candidates as part of the recruitment process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was proactive in submitting the required notifications following significant events at the home, such as for incidents and accidents.
- The registered manager was supportive and approachable; people and staff confirmed this. One person said, "The manager is very friendly and approachable." One staff member told us, "[Registered manager] has been so polite, she always says good morning. If you need someone to talk to her door is always open. She

has been so good."

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

- People, relatives and staff had opportunities to share their views about the home; regular meetings were held, as well as more formal consultation.
- Feedback from the last consultation had been positive. People, relatives and staff gave positive responses about their care, activities, meals and management. Where suggestions had been made, action plans were developed identifying areas for improvement.

Working in partnership with others

- The provider worked with local commissioners to promote good outcomes for people. The most recent local authority commissioners' and Food Standard Agency reviews had been positive.