ADASS EAST Accommodation Services (OP) v23.2 for Askham Hall

Overall Rating

EXCELLENT

Involvement and Information

Respecting and Involving People Accessing the Service

Standard Rating
Good

A01 **The care plan should be individually tailored, person centred, include appropriate information on the Individual's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.**

Good

What We Found

Of the care and support plans viewed, all show to hold information on subjects such as Life history, for example care plans show to note that residents have a good social life, network of friends and some enjoy days out. All care plans viewed hold information on hobbies, interests and activities.

Care plans viewed show religion, sexuality, marital status and gender with LPA involvment shown where the resident is not able to discuss the subject.

Care plans are digital and pre assessment forms were viewed on the day of the visit, these are held as part of the care and support planning through nourish.

Daily notes show to hold detailed information around not only daily tasks but also mood, mobility and general wellbeing as well as family visits and connections.

Examples of Excellent practice may include:
Statements in the first person
Life Story Histories / “My Life” may be used in certain services where relatives have written stories about the Individual/shared a descriptive memory.

A02 **There is evidence that people have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).**

Excellent

What We Found

Evidence shows that residents are given information in appropriate formats, this was seen in the care and support planning. It was highlighted by staff that audios are available around some information where residents would benifit from this. Discussions and evidence shows that service user guides hold information in appropriate formats and that all written information can be enlarged where required and to support residents with sight impairments. It shows excellent practice from the provider but enabling residents to gain information via other methods to suit their needs, such as an audio information pack.

B01 **Through observation of staff interaction and discussion with people there is evidence that people are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. People are treated with kindness, compassion and empathy. Care workers are seen to support people’s choices and preferences in regards the way their care and support is delivered.**

Good

What We Found

Residents spoken to confirm they feel supported and not discriminated against in any way to include their ability. Observation during the walk round showed staff to interact with residents in a friendly, kind and supportive way. Staff were seen throughout the homes Court, House and Hall to discuss subjects such as choosing from the menu, decisions around where the resident would like to eat lunch and engaging in activities such as singing, dancing, exercises, dominos and other interactive activities. The observations showed that throughout the homes the level of support from staff and the ability to maintain respect, dignity and care, was of a high standard. Staff were observed to have a good level of understanding of each residents needs and the support required from staff to fulfil these needs.

Residents appearance throughout the homes was that of clean, appropriately dressed and all round a smart and presentable appearance. some residents had their nails painted white others chose to have no polish and instead a short well maintained natural nail.

Staff were observed to knock on residents doors before entering and to announce their presence and what they are there to support the resident with.

On entering residents rooms that i had consent from to do so, it was evidenced that their rooms had been well personalised, one that stood out in particular was an artist who had displayed his own paintings in his room. He explained to myself and staff that he had painted these and liked to have them on display for his visitors to

view too.

B02 **Through observation of staff interaction and discussion with people there is evidence that Individual's are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.**

Good

What We Found

Residents have access to their care and support planning, this was evidenced by the homes and supported in conversations with residents, reviews are carried out and relatives confirmed that they are involved as far as they wish to be. The home have audio information available to residents that may require this as a supportive tool to enable residents to receive adequate information around decision making and care planning. There is also a statement of purpose available to residents and staff, a service user guide and the opportunity for residents to raise information requests with their key worker or in organised resident meetings.

B03 **People confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.**

Good

What We Found

Individuals spoken with across Court, House and Hall confirmed that they have the opportunity to voice their opinions', choices and views with staff, this was stated by residents to be done through meetings, key worker discussions and with managment where necessary.

Staff highlighted that there are resident surveys that go out and that residents are encouraged to fill these out where possible. Relatives spoken to confirmed they also complete satisfaction surveys.

Discussions with residents and relatives confirmed that none spoken to had needed to raise a complaint but felt that should they feel the need that managment would take it seriously and deal with it professionally.

B04 **People spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.**

Good

What We Found

Residents spoken to gave wholly positive feedback and of similar opinions, residents confirmed staff are supportive of them maintaining family connections and relationships, one resident spoken with highlighted that he is able to call his parents and other relatives where he wishes to, however if he got to a point in his care that he was no longer able to do this for himself, he confirmed that he felt staff would support him where needed.

B05 **People spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.**

Good

What We Found

Whilst visiting the service, residents and relatives from each were spoken to, they all gave similar positive feedback around activities and confirmed that staff create activities based on the feedback gathered from residents through conversations and surveys. It was observed that residents joined in with activities such as Dominos, singing/dancing and exercises. The staff were seen to support residents to join in the activities and helped them to maintain interest, an example seen was where a resident that was playing dominos against a member of staff - this observation showed that the resident was laughing, smiling and interacting with the staff in a relaxed manner.

C01 **Staff are able to explain how they ensure people are treated with dignity and respect.**

Good

What We Found

Staff spoken to during the visits were able to give a robust understanding and detailed explanation on how they would ensure a person is treated with respect and dignity in their care, examples were given such as - during personal care, staff ensure they close all curtains, doors and obtain consent from the service user throughout personal care.

Staff were able to give good detail and information around residents life history, likes, dislikes and preferences over a range of topics from how they like their tea to how structured or non-structured they like the day to be and any preference in activities. This showed staff take the time to get to know residents, were able to demonstrate supporting equal opportunities and were observed to maintain dignity at all times.

Examples of excellent practice may include:
Good access to supplementary training.

Involvement and Information

Consent

Standard Rating

Excellent

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLs (and any conditions). POA is clearly documented and evidenced across the care plan where relevant.

Excellent

What We Found

MCA's and Best interest decisions are in place and show to be completed for each specific topic - such as

- Use of call bell.
- Hands on care.
- Use of a lap belt whilst in wheelchair.
- Administration of Medications.
- Personal care and Continence.
- Photography - care and clinical.
- Placement/Accommodation.
- Use of bed rails.
- Family accessing care plans.

The MCA's are dated and assessors name shown, with a signature from the assessor and general manager. There is no resident/family member signature shown, it is recommended this is put in place from family/LPA or advocate.

Care plan's show a DoLs application has been done and is awaiting a review from the DoLs team - the care plans do not reference any dates in which the DoLs application was sent or expires meaning it can not be cross referenced against a DoLs tracker for further details on the status or application dates.

ACTION: Ensure DoLs granted and applied for are clearly documented in the care and support plans for each resident and are able to be cross referenced on the DoLs tracker used within the home.

EVIDENCE: Due to evidence provided, the standard has been changed from **Requires improvement** to **Excellent.** This is due to the embedding of information and new and robust processes in place by the provider.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good

What We Found

Through observation staff understand when to obtain consent. This was seen during an interaction between staff and residents where the staff member asked the residents consent before assisting them to move between chairs to a location of the residents choosing.
During discussions with staff they were able to highlight the different forms of consent to include non-verbal cues.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Excellent

What We Found

Staff spoken to were able to confirm they receive the appropriate MCA and dols training at a frequency of annually. All staff spoken to highlighted that it should not be assumed a person lacks capacity in all areas and that the least restrictive approach should be taken. An example given by a member of staff on the least restrictive approach, was that a residents bed was lowered with crash mats placed either side as a least restrictive measure to bed rails, this shows excellent practice.

A04 Care plans are signed by the person where appropriate to evidence their involvement in their care and support planning.

Good

What We Found

Care and support plans viewed show to hold evidence that signatures from residents and relatives are in place where able to do so. Care plans reviews all show and the key workers documented.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the person has been given appropriate information about key working system.

Excellent

What We Found

A key worker system is in place, this is seen displayed in residents room, care and support plans, on the teams key worker list - displayed in staff areas and in resident/relative meetings. The Staff handbook outlines the key worker role and purpose.

EVIDENCE: Due to evidence provided, the standard has been changed from **Good** to **Excellent.** This is due to the provider exceeding regional standards by including the key worker role in the staff handbook.

A06 There is evidence that people have been given information about how to make contact with the care provider.

Excellent

What We Found

There is a service user guide in place as well as a statement of purpose given to residents. These documents were seen during the visit to be accessible to residents using communal areas and visiting the managers office, for example a statement of purpose was seen displayed on the coffee table in the managers office. The documents were displayed in different homes according to residents ability to access it.

EVIDENCE: Due to evidence provided, the standard has been changed from **Good** to **Excellent**. This is due to the additional evidence from the home who state - "**we have ensured that as part of our induction we make sure this is accessible and do a who is who for any team members. This show cases that not only is how to escalate concerns covered but a more granular approach offering familiarity and comfort with communicating as given too**".

A07 The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good

What We Found

Care plans show residents have choices taken into account and that abilities are shown in the care and support planning, an example of this is shown in the cognition and mood section of the care planning - it shows for example a resident lacks capacity to make decisions, the resident has no challenging behaviours but can be very non compliant with having their blood pressure taken. Due to this, staff are required to explain all information to the resident in a way that allows adequate time for the resident to process it and understand the information given. This shows staff understand the importance of choice. Planned outcomes from this are shown. Choices are shown throughout the care planning, for example residents chooses to play with sensory toys and like Thomas the tank engine toys and other items. Over all the care plans show a good level of information to reflect need, ability, care required and how staff are to deliver care.

A08 There is evidence that the person's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the person remains safe, their needs are adequately met and their welfare is protected.

Good

What We Found

The care and support plan viewed shows to have relevant risk to the individual service user identified, a robust risk assessment is seen in place for each of the risks identified. The care planning shows the residents care need, food and fluid in take, the risk to the resident that specific foods or textures may pose and any risk foreseen with activities. The care planning holds information around likes and dislikes specific to life style and activities, this is also reflected in daily notes and shows information to evidence service users choice, involvment and preference in aspects of their care and activities.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the person safe.

Good

What We Found

Care and support plans are reviewed monthly and changed sooner if new or existing information needs updating. The care plans hold dates and time stamps that when

cross referenced with daily notes, show that care plans are updated at the required frequency and by which member of staff. The information shown gives a good level of understanding around how to keep residents safe and shows information for staff such as how to calm triggered behaviours specific to the resident, what triggers the behaviour and the methods in which to avoid triggers for the resident.

A10 **Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.** ***Good***

What We Found

Daily notes show to reflect the daily activity the resident is involved with and shows detail of a routine in place for the resident as well as what their over all day looks like each day. The entries include information such as food and fluid charts, mood and activities joined, care plan reviews, care tasks such as personal care, resident choice and family interactions, out side services used and other reviews like GP/medication reviews. The daily notes give a robust and detailed account of the time lines, care, choice, preference, activities, family and key worker involvment.

A11 **Evidence that the care planning and support is designed to maximise the person's independence and quality of life and that people are supported in setting goals to maximise their independence and improve their quality of life wherever possible.** ***Excellent***

What We Found

Care and support plans viewed show to promote residents independence, this is seen through maintaining residents existing abilities in the best way possible and detailing residents likes, dislikes and hobbies, for example care plans viewed show some residents like to be sat up in the dining area to have her meals with other residents while some prefer to eat alone when they wish. Other care plans viewed show more specific abilities around maintaining personal care and the support from staff, required to do so. The information is given in a way that helps to promote service users independence, highlight to staff on how to support residents and shows to be non discriminatory towards residents and their ability to support themselves or complete tasks.

This standard has had the rating changed from **Good** to **Excellent** in light of further information from the home and evidence the home are supporting the residents in a way that exceeds regional standards.

B07 **People spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.** ***Good***

What We Found

Service users spoken to during the visit residents confirmed they had been part of care planning and have regular reviews. One resident spoken to highlighted he was very independent and liked to have oversight of his care and support planning, to which he stated staff have been very supportive for him to do so.

B08 **If a key worker system is in place then people accessing the service are aware of who their named care worker is.** ***Excellent***

What We Found

A key worker system is shown Hall. Key worker information is displayed in resident rooms, seen during walk arounds to be displayed in nurses stations, highlighted in care plans, the statement of purpose and in resident/relative meetings.

The provider shows to exceed regional standards by including the key worker information in their statement of purpose.

Throughout the home there shows to be a robust key worker system in place and embedded into practice.

B09 **Observation of care staff interaction and care delivery demonstrates that the person accessing the service remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.** ***Good***

What We Found

During observation staff was seen to move and handle resident in a calm and respectful manner, staff were heard to explain to residents what they are supporting with throughout each stage of the moving and handling observed. For example, resident moving from an armchair to the upright position was assisted by staff, who first gain consent from the resident to assist them to stand.

During discussions with the resident he highlighted to me that staff had been very supportive in helping to increase his independence and maintain the level he is happy with, the resident went on to explain his mobility had increased more in his first week of being in the home than it had done in the last three months of being in a different home.

C03 **Staff understand and can explain the role of the keyworker if used in the service.** ***Good***

What We Found
Staff spoken to were able to give a good understanding and detail into what the purpose of the key worker was and how they fulfil their duties. Staff gave examples of key worker duties such as, acting as a point of contact between families of residents, ensuring toiletries topped up and families are aware of items running low, highlighting upcoming appointments or required appointments for each resident and ensure residents bedrooms are kept tidy and personal items not lost.

Personalised Care and Support

Meeting Nutritional Needs

Standard Rating

Good

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good

What We Found
All care and support plans viewed show to give a clear instruction as to what residents like and dislike, preference, allergies and intolerances.
The chef was observed to interact with residents over the two day visit. The chef was seen to obtain feedback from residents and to observe their over all dining experience while chatting about future menu ideas with staff and residents.

The chef for the three homes visited was able to highlight any allergies, likes and dislikes as well as any food intolerances with in the home. The chef showed a designated area for food prep where allergies or in tolerances may be a risk to residents, the area had a purple food board in place and was observed to be a location that is easy to wipe down before, during and after food prep for residents with allergies an in tolerances.

The chef made me aware of the information he collects as part of building a seasonal menu and the pureed diets he may have to consider in these menus.

A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Good

What We Found
Care and support plans show a MUST tool in place and used across care planning, weights are shown in daily notes and clearly document the weekly or monthly weights. Changes are documented in care and support plans where required and changes to diet are made as a result of the changes noted.

Out side services are seen to be involved where required, for example dieticians are consulted where changes are made or the weights are no longer required.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Excellent

What We Found
Care and support plans show that outside service are available to residents, theses are shown when visiting or providing a service through daily notes.
Referrals are seen in place for residents and changes noted in care planning to reflect treatment recieved or recommended.
Risk assessments are seen in place and where residents refuse treatment for example the GP or DN, it is noted in care and support plans.
Changes to care planning is raised in staff meetings, for example - such as a SALT referral or Falls referral.

EVIDENCE: Due to evidence provided, the standard has been changed from **Good** to **Excellent**. This is due to the additional evidence from the home who state - "The resident has access to internal PT and OT services in line with his care and support needs. This intervention has shows great results with him walking again". This was also discussed during the days of the visit and the progress made by the resident due to the services support.

B10 People accessing the service confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

Good

What We Found
When speaking to residents they confirmed the chef often takes time of his day to sit and talk to them about the menu options, choices, preferences and anything they would like to see on the menu in future.

Residents also pointed out that they have snack stations which are filled with fruit and other snacks are available to them at any time.
Observations during lunch show that staff encourage residents where safe to do so, to be as independent as possible at mealtimes. Staff were seen to read through the menu options with residents to confirm their choice hadn't changed ahead of serving lunch.

It was also observed during lunch staff gave residents the choice of multiple hot and cold drinks depending on their preference.

B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

Good

What We Found
Staff were observed to offer different drink options such as hot and cold. It was observed on day one of the visit one of the homes offered residents the option of gravy or no gravy on the lunch meal.

A conversation with a staff member ahead of lunch confirm that residents are offered hot and cold drinks however staff often have a good idea of what the resident will choose, despite that staff still offer multiple choices to each resident.

B12 **Discussion with people accessing the service and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote people's dignity and they have a choice about whether to eat alone or with company.**

Excellent

What We Found
Discussions with residents throughout the services showed that they felt snack stations were located in easy to reach areas for a range of residents, including wheelchair users. Residents spoken to confirmed that it is very rare snack station run out of items to choose from. Another resident spoken to highlighted that each drink station was clearly labelled with large writing, he felt this enabled him to make the choice of what to drink without asking staff to assist in supporting him in his choice.

B13 **Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.**

Good

What We Found
Staff were observed to offer different drink options such as hot and cold. It was observed on day one of the visit one of the homes offered residents the option of gravy or no gravy on the lunch meal.

A conversation with a staff member ahead of lunch confirm that residents are offered hot and cold drinks however staff often have a good idea of what the resident will choose, despite that staff still offer multiple choices to each resident.

Varying levels of support was seen with all interactions observed to be kind, respectful and enabling residents to have choice.

Safeguarding and Safety

Standard Rating

Good

Safeguarding People who use the Service from Abuse

A17 **Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the person accessing the service.**

Excellent

What We Found
Service users care and support plans viewed show - DoLs are only used in the best interest of the service user and after an MCA is in place. The care and support plans show that a clear process in evidenced with the least restrictive measures in place.

One residents room viewed showed that they have in place measures due to fractures to the arm caused by the resident striking the bed, the home have put measures in place that are the least restrictive, such as padded head boards, crash mats and an ultra low setting on the bed. An MCA, best interest and DoLs is in place for the resident and staff have been made aware of the control measures through organised meetings. This shows excellent practice in ensuring the least restrictive measure is in place while enabling the resident to remain safe.

B21 **People confirm that they feel safe and observations of care practice confirm this to be the case. Anybody spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.**

Good

What We Found
All residents spoken to confirm they felt safe in the care environment and that staff are supportive in all aspects. Residents when asked were not able to think of any safeguardings they may have been subject to.

C04 **Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.**

Good

What We Found
Staff were able to give examples of the types of abuse they may see and who they can report it to. Staff confirm they are aware of the responsibilities under whistleblowing safeguarding they were also able to highlight the relevant person they would speak to such as their manager.

When staff were asked where they can find the information around whistleblowing safeguarding they all stated the information is held by the entrance of each home on display boards visible to staff, residents and visitors.

C05 **Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLS.** ***Good***

What We Found
Staff confirmed they have received the appropriate training around safeguarding of adults from abuse, MCA and dols, staff also highlighted that they have access to policies and have regular meetings around policies, expectations from staff, new and upcoming training as well as training refreshers.

E08 **Appropriate safeguarding Information is on display in the Home.** ***Good***

What We Found
Safeguarding information displayed in Hall was relevant, up to date contact details for the local authority and CQC.
The information was displayed in easy to access areas for residents, relatives and staff.

F12 **Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.** ***Excellent***

What We Found
Safeguarding records are in place, these hold a large amount of detail in the recording of the report. It is seen that a tracker is also in place. Allegations and reports are seen to be shared with the local authority, actions taken by the home and investigations carried out accordingly.
Records held include the resident, the date, a brief description of the report, a CQC reference and further comments and actions taken, it also holds a status.

This shows excellent practice in ensuring the provider has a robust process in place and evidence the embedding of those processes.

Safeguarding and Safety

Cleanliness and Infection Control

Standard Rating
Good

B15 **Staff are observed to follow good practice in relation to cleanliness & infection control.** ***Good***

What We Found
Staff were observed when the correct PPE and shown good cleanliness and infection control. Staff also seem to wear gloves where appropriate.

C06 **Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.** ***Good***

What We Found
Staff spoken to were able to explain the importance of infection prevention and control, they stated the correct PPE should be worn at all times and removed as well as disposed of in the correct way.

Staff highlighted all PPE stations are within each resident room. Staff were also able to give a good understanding of the red bag system and the way in which it is used to prevent infection. Staff confirmed information is regularly discuss in staff meetings and that refresher training is in place.

E01 **Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.** ***Good***

What We Found
Throughout the cleaning scheduals for Hall show that there is a robust system in place for cleaning of the services, the domestic staff have cleaning trolleys equip with the correct cleaning products for their areas of the home, the COSHH booklet and cleaning scheduals on the trolleys and to hand.

The health and safety audits reflect the robust systems in place and hold actions required where necessary.

There PPE stations are located in each residents room, this was stated by staff to limit cross contamination, there is also IPC information see throughout the home and training in place for staff.

The home have a red bag system in place, the laundry collect the red bags 3 x a day and ensure they are washed in the correct way. When speaking to staff they confirmed that the red bags are never left and always collected at a minimum of 3x a day.

The sluice room is locked and labled, this was also seen for the COSHH cupboards too.

The homes on appearance during the walk rounds and various observations over the two day visit showed that, each home was free of bad odours, surfaces were largely easy to wipe down and décor was well maintained.

E02 There is sufficient information provided to people, staff and visitors about infection prevention and control matters.

Good

What We Found
IPC information was seen within each home. The hand washing information was seen in hand washing areas and staff were observed to regularly use the hand washing facilities.

Bins seen within the home were largely foot pedal operated. Glove /PPE stations were seen within each home and disposal bins.

Hall lacked a volume of accessible hand sanatiser stations.
This was discussed with the managers who had various opinions around the safety of these sanatiser stations and some residents being likely to ingest the gel. Contracts have reached out to Louise Marvin for further guidance and will be marking the standard as Requires improvement until further guidance is obtained from Louise.

ACTION: Ensure each home has adequate levels of hand sanatiser dispensers in place and are located at high contact areas of the home.

EVIDENCE: Provided and so the rating has been moved from **Requires improvement** to **Good**.

Safeguarding and Safety

Management of Medicines

Standard Rating

Excellent

B16 Staff are observed to handle medicines safely, securely and appropriately.

Good

What We Found
Staff were observed to wash their hands prior to the medication round, no sanitiser was used instead the staff member wore gloves, medication was observed to be counted, dispensed into washable clear containers and the medication trolley locked - no medication was seen to be left unattended while the staff member was administering to each resident.

B17 People accessing the service confirm that they are involved in decisions regarding their medication.

Good

What We Found
Residents spoken to all confirmed they had been involved in the medication decisions and have frequent access to the GP. Some residents stated there medication and not change for a number of years however when asked they were able to confirm that they regularly speak to the GP.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Excellent

What We Found
Staff spoken to where responsible for medication administration were able to give a detailed understanding of the appropriate handling of medications and gave feedback such as they wash their hands before administering medication, use hand sanitiser between each resident's medication and make sure the medication trolley is locked at all times while unoccupied by the staff member further feedback included ensuring it is the right resident, right medication, right time, right dose.
This shows excellent practice by staff and their understanding of appropriate handling of medication.

Staff spoken to confirmed they complete regular medication competencies as well as refresher training and able to raise questions and issues during one-to-one's and staff meetings

E03 **Medicines are stored and administered safely including any homely remedies and covert medication.** *Good*

What We Found
The medication room showed to have temperature checks in place, doors and cabinets are locked and trolleys secured to the walls via a metal wire tie.

Medication policies and covert policies are seen in place with staff signatures to show they have read and understood the policy. The homes confirmed they have no covert medication in place at this moment.

Controlled drugs are seen to be locked in their own designated cabinet and only medication is stored in the medication fridges.

F01 **Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.** *Excellent*

What We Found
Care plans viewed show regular medication reviews done with residents and GP reviews in regard to medication. Audits show medication checks and daily controlled drug counts documented in a book, held within the medication room.
Mar charts are shown digitally and the system used doesn't allow errors such as giving medication to soon, missed medication-due to the fact the system prompts staff and medication counts are also noted through the mar chart system which highlights any errors due to miss counting.
All medications that are time sensitive are flagged by the digital system to ensure staff are prompted and that residents receive their time specific medication correctly.
Other documents held and evidence appropriate records are maintained include, medication procedure, temperature checks, records for medication storage and PRN r protocols for service users. This shows an excellent system in place that gives what appears to be minimal room for human error and so effectively reducing the risk to service users where possible. This shows the home have considered how to minimise medication errors and so the standard is marked as excellent.

A16 **Care & support plans document that people accessing the service have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.** *Excellent*

What We Found
Care and support plans show resident involvment where able, the care plans viewed show to have MCA's, best interest decisions and service user involvment around medications. Service users spoken to were able to confirm they have involvment with their care and support planning as well as being consulted during regular reviews, an example of an MCA was seen in care and support planning where by the home have assessed the residents capacity around family involvment in care planning and to assess the level of understanding the resident has around them being involved.

It was confirmed that that there are no covert meds in place throughout the services and that any covert medications have a process in place - the GP is involved and that there are two MCA's in place for the medication and the seperate administration method.

EVIDENCE: Due to evidence provided, the standard has been changed from **Good** to **Excellent**. This is due to the additional evidence from the home and changes made to the care plan around access for residents. Residents are now able to access and read their own care and support plans freely. This exceeds regional standards, supports involvment and promotes independence.

Safeguarding and Safety

Standard Rating
Good

Safety and Suitability of Premises

E04 **The premises are safe and ensure people accessing the service, staff and others are protected against the risks of unsafe or unsuitable premises.** *Good*

What We Found
During the walk it was seen that the home was in good repair and well maintained throughout. The fire escapes showed to be clear, secure and accessible in the case of an emergency. Key pads were seen throughout the homes and at each enterence to ensure no unauthorised access is gained.

E05 **The use of the premises ensures that people accessing the service with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.** *Good*

What We Found
Risk assessments are seen in place for each resident, these are tailored to the individual as well as having environmental risk assessments in place. The homes evidenced that they have accessible information and that service users have support such as audio recordings to help provide adequate forms of information.

Signs throughout the homes are clear and show information for residents and visitors such as directions to the dining areas, communal areas and bathrooms.

E06 **There are appropriate security arrangements in place to address the risk of unauthorised access to protect people who use the premises.** — *Excellent*

What We Found

The home have security measures in place such as key coded doors, staff have identification badges and visitors are asked to do the same as well as to sign into each building visited.

When visiting, staff asked to see my ID when entering buildings un attended.

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

Excellent

C08 **Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.** — *Good*

What We Found

All staff spoken to confirmed they receive appropriate training and that they feel confident in the use of equipment.
This was also seen demonstrated by various members of staff across the homes that were observed to be using equipment.

E07 **Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.** — *Excellent*

What We Found

Observation of equipment during the two day visit it showed that equipment was cleaned, well maintained with any padded areas observed to be in good condition and not showing damage. The home highlighted that ceiling hoists are used to limit the need for bulky floor hoists and storage space.

Relevant LOLER tests are in place with paperwork held in the main office and digitally.

Staff when observed where seen to promote dignity and respect when using equipment, it was seen that doors were closed, privacy was available and staff were seen to discuss all moving and handeling with residents while also obtaining consent during the process. This shows excellent practice in ensuring the promotion of independence of residents and cleanliness of equipment.

Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

Good

D01 **Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.** — *Excellent*

What We Found

The provider has recently updated their auditing process for staff files, this involves having an external service to audit the files and give feedback. The feedback gained was from a solicitor who helped guide the provider in putting more robust measures in place around staff files gaps, and highlighting any risk associated with legal legislation. This shows excellent practice by the provider.

The staff files viewed across court, house and hall showed the new process in place to be effective with new starter staff files being noticeably more robust.

Staff files viewed will hold the relevant information required such as but not limited to, right to work in the UK, DBS, birth certificate, driver's licence, work history and CV, as well as interview notes, sign contracts, code of conduct and medical questionnaires.

D02 **Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.** — *Not Assessed*

What We Found

Agents are not currently used within the home.

D03 **Records evidence that other professionals and people who provide additional services are subject to any appropriate and necessary checks.** — *Good*

What We Found
Additional services include entertainers such as the singer seen on day one of the visits.

All relevant information is held on file for the additional services, for example a DBS check and insurance is in place.

D04 **The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.** — *Good*

What We Found
Evidence shows staff have a good understanding of their responsibilities and role, this is seen through relevant information being shared such as contract of employment, training and development, code of conduct and assurances staff have read and understood policies and processes, which staff signed to evidence.

Inductions show to be robust with new starter tick lists in place, 4 to 6 shadowing shifts evidenced, competencies and supervisions in place.

Suitability of Staffing

Staffing and Staff Deployment

Standard Rating

Good

B18 **Through observation and discussion with people accessing the service, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with People who may have a variety of needs.** — *Good*

What We Found
Observations showed the call bells did not ring for long and were answered quickly by staff. This was confirmed by residents when spoken to and asked if they feel there is a sufficient level of staff on duty, they answered yes.

Cross-referencing of the dependency tool, rotas and training matrix showed the appropriate trained staff were on each shift.

Staff were observed to communicate effectively with a range of residents with varying needs, for example one residents spoken to by staff, showed the needed more time to answer questions than some other residents. Staff showed be aware of this and were seen to take appropriate measures to ensure the resident had enough time to answer without feeling rushed.

C09 **Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).** — *Good*

What We Found
All staff spoken to gave similar feedback and felt there are sufficient levels of staff on duty at all times and the absences are covered appropriately, staff highlighted that sickness cannot be helped in some cases however is always covered to reflect the dependency tool within each home.

F02 **Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.** — *Good*

What We Found
Rotas viewed during the visit were cross referenced against the dependency tool and show to have adequate levels of staffing on shift.

F03 **The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).** — *Good*

What We Found
The provider has in place of business continuity plan, emergency contact details for key personnel and grab bag. The grab bag provided contains a copy of PEEPS, torches, hi viz jackets and other essentials. The grab bag is located at the front of each reception.

Suitability of Staffing

Standard Rating

Good

Staff Support

C10 **Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.** *Good*

What We Found
Staff confirmed they received an appropriate induction, which included shadowing shifts and the completion of mandatory training At the start of their employment.

Staff confirmed they receive competency checks which are signed off by management and their supervisor during shadowing shifts.

C11 **Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.** *Good*

What We Found
Staff were able to confirm supervisions are in place and held regularly for each member of staff, appraisals are done annually with their performance appraised appropriately.

Both staff spoken to and managers throughout the homes confirmed an open door policy and that while staff regular supervisions this is not the only time staff are able to help discussions with managers around topics they feel relevant.

C12 **Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.** *Good*

What We Found
Also spoken to confirm they have received appropriate training is refreshed and updated as required, for example MCA and dols refreshed yearly.

C13 **Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.** *Not Assessed*

What We Found
There were no agency staff in the homes at the time of the visit.

C14 **Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.** *Good*

What We Found
Staff confirm that they are aware of mechanisms in place to prevent and manage bullying, harassment and violence at work, for example staff stated information can be found on the back of bathroom doors for staff and highlighted the management and above are very supportive, staff feel management would waste no time in investigating any reports of bullying harassment and violence at work.

D05 **The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.** *Excellent*

What We Found
The home show to have a good induction process in place, the staff files viewed showed that the home have an induction tick sheet in place which has requirements such as mandatory training and shadow shifts in to complete which are signed off by managment on completion. All Askham Training shown is Face to Face and has competency booklets in place, these are completed along side the induction paper work. The manager highlighted this aids in assessing how effective the training has been on a person by person level. This shows excellent practice.

D06 **The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.** — *Good*

What We Found
Staff files show supervisions in place, these are documented to be held every 4 to 6 weeks. Any gaps in the frequency of supervisions is documented and reasons given, for example staff member 'A' on maternity leave.

D07 **The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.** — *Good*

What We Found
The training matrix is in place and shows all relevant up-to-date training to include mandatory and core training. Training module show to be done through both e-learning and face-to-face, staff spoken to highlighted the training certificates they obtain are held in their staff files, this was evidenced during the viewing of staff files across the two day visit.

Quality of Management

Assessing and Monitoring the Quality of Service Provision

Standard Rating
Excellent

C15 **Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.** — *Good*

What We Found
Conversations with staff around raising risk people poor performance were positive and showed staff felt confident to raise these issues, when staff were asked how they would raise these issues they stated it can be done through staff meetings, privately with management and in one-to-one's.
Staff also highlighted they have access to the whistleblowing policy and other information should they need to raise concerns externally.

F04 **Records show that the provider continually gathers and evaluates information about the quality of services to ensure that people receive safe, effective care and support. There is evidence that the Service uses information to improve services and that they learn and act on information received, (including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews).** — *Excellent*

What We Found
The provider shows to carry out quality monitoring, this is seen through the gathering of information from service users, relatives and staff. Each home holds their own complaints folder which shows lessons learnt, actions taken, a status and brief description.
Complaints, feedback and ideas are shown to be raised in staff meetings-this includes lessons learn. This shows embedding of practice across the service, ensuring learning and development around quality of service moving forward. As a result of the information sharing process with residents and the supporting evidence of this, the standard is being marked as excellent due to the open and thorough sharing of complaint resolution, lessons learnt and imbedded practice across the services.

F05 **The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.** — *Excellent*

What We Found
The provider has mechanisms in place such as organised meetings, staff surveys and feedback, supervisions and an open door policy stated by staff.
Are included on the whistleblowing policy and seen throughout the home on display, this was seen for court, house and hall. The home shows to review the complaints policy and to have staff sign policies as evidence of understanding and reading those policies. This shows best practice and as such the standard has been marked as excellent.

Quality of Management

Using Information and Dealing with Complaints

Standard Rating
Excellent

B19 **People spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO**

Excellent

What We Found

Residents show to be aware of how to raise a complaint, where to find the information and also highlighted there are policy meetings held, residents are able to access and join in with these as well as relatives.

EVIDENCE: Due to evidence provided, the standard has been changed from **Good** to **Excellent.** The home have PCO's visit on a regular basis and were observed to chat to residents. This offers as another route to raising a complaint or poor practice.

B20 **People confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.**

Good

What We Found

When residents were asked about the complaints procedure and if they felt complaints would be handled in a timely manner, while keeping residents or relatives up-to-date and show lessons learned, they stated “yes, staff are very supportive and always and I can’t imagine this would be any different when writing a complaint”.

C16 **Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.**

Excellent

What We Found

The feedback from staff around raising ideas was positive, staff stated they felt listen to able to hold discussions and not rushed to explain ideas or issues that they have. Staff also confirmed that ideas raised in staff meetings were very often actioned and looked into, to either trial or in place on a permanent basis. Staff fed back that this made them feel supported to raise ideas and listen to during discussions, that their views have been taken into consideration and they feel valued by the provider. This is excellent practice around staff well-being, work motivation and inclusion.

F06 **There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of people accessing the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.**

Excellent

What We Found

The provider was able to evidence adequate recording of complaints and dissatisfaction, these records included smaller levels of complaint as well as formal complaints. The complaints log shows lessons learnt, which are then taken into staff meetings to discuss actions required and how improvements are to be carried out and sustained throughout services. The information shows to be shared with the complaint maker, for example email trails highlighting how the complaint will be dealt with, resolved and feedback from the complaint maker around resolution satisfaction.

This shows excellent practice in ensuring actions are taken to support in a positive outcome.

F07 **There is evidence that the provider has a range of regular, organised meetings where Individuals, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.**

Excellent

What We Found

Meeting show to be held regularly and consist of relative meetings, staff meetings which are held monthly to include nurses meetings. Meeting mins are shown for each and hold actions, updates of ongoing actions and discussions.
Feedback surveys are in place that show information around pie charts, feedback gained and a response summary is in place with actions shown.
This shows excellent communication to both staff and resident/relatives. Future meetings are set in each service.

F08 **There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.**

Good

What We Found

Complaints, feedback and information is evidenced and shows to be shared with the local authority. This includes safeguarding information and other relevant issues raised. The provider holds all relevant documentation and was able to provide such upon request during the two-day monitoring visit.

Quality of Management

Records

Standard Rating

Good

F09 Personal records of people accessing the service are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good

What We Found

The provider holds all personal information for service users and IT systems using password protection. No personal information in regard to the resident is within view in their room unless it has been requested by the resident to do so. Resident likes dislikes food and fluid monitoring documents are held in the kitchen, within a folder and not on display.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLS, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good

What We Found

The provider maintains a DoLs log which holds all relevant information such as service users name, date of application, status of application, information around the reason for application and any conditions as a result of the application.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Excellent

What We Found

The provider shows to have clear and consistent audits in place, these include but are not limited to health and safety, fire safety, medication, care plans and staff files. Audits shown give a clear indication of when action is needed and the outcome of those actions.

The provider demonstrates best practice by using an external auditor to review staff files. The external auditor was able to identify gaps to which the provider documented clear actions to be taken and followed up on during the next audit. This shows excellent practice in ensuring a robust and efficient auditing process is in place within each service.