

Care UK Community Partnerships Ltd

Ancasta Grove

Inspection report

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Date of inspection visit:
18 October 2022

Date of publication:
19 December 2022

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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

Ancasta Grove is a residential care home providing personal and nursing care to younger adults and older people who may be living with dementia or a physical disability. At the time of this inspection, we had limited the number of people accommodated to 31 rooms on the ground floor. After this inspection found improvements had been made, we removed this condition of registration.

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

People were safe and protected from avoidable harm and abuse. The provider supported people to keep themselves and their belongings safe and secure. The provider had processes to manage people's medicines safely, and they had adapted their infection control measures in response to the COVID-19 pandemic.

People had good outcomes. People's feedback about the effectiveness of the service was consistently good.

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.

People were supported with kindness and compassion, and treated with dignity and respect. Staff supported people to take part in decisions about their care, with attention to people's communication needs and any equality characteristics.

People's care plans were personalised and individual, setting out people's needs and choices and how they were to be met. Staff had a good understanding of people's needs and responded to them according to their care plans. Staff supported people to take part in social events and activities which were relevant to them.

The service was consistently well managed and led. The leadership and culture promoted high-quality, person-centred care. The provider could show clear improvements in how the service was managed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection:

We did not give an overall rating at the last inspection (published 31 May 2022). This was because it was a focused inspection which did not cover all 5 key areas.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Ancasta Grove

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand if the service was prepared to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ancasta Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service, including information the provider had sent us since the previous inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity, including our visit to the service location, took place on 18 October 2022.

We spoke with 13 people and 2 family members about their experience of the care provided. We also spoke with the registered manager, senior managers, and 8 members of staff. We observed people's care and support in the shared areas of the home.

We reviewed a range of records. This included 4 people's care records including medication records. We looked at recruitment records for 3 staff members, and a variety of other records relating to the management of the service, including audits and checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had not addressed risks promptly and completely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, harm and discrimination. People told us they felt safe. One person said they "I feel safe with all of them [staff]", and another said, "It is lovely here."
- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with had had safeguarding training, and they were aware of the risk of abuse and signs to look out for. Staff told us they were confident if they had concerns they would be listened to.

Assessing risk, safety monitoring and management

- The provider had completed actions to improve fire safety which had not been done at our last inspection. Works to the fabric of the building identified in fire risk assessments had been completed and quality assured. There was a comprehensive set of fire safety procedures, checks, and staff training in place. We were assured the provider took fire safety seriously.
- The provider had a proactive approach to managing individual risks to people's health and well-being, which took into account people's human rights while taking steps to keep them safe. There were individual risk assessments in place, which were kept up to date by monthly reviews. Risk assessments included falls, moving and positioning, skin care and nutrition. They were individual and specific to the person, for instance by identifying equipment required to support a person to re-position and if they needed reassurance during this support.
- People had individual emergency evacuation plans which included if the person could evacuate independently. If they needed support to evacuate safely, this was included. Plans were in place to ensure staff knew how to support people safely in an emergency.

Staffing and recruitment

- There were sufficient staff with the right mix of skills to support people safely. We saw staff supported people in a calm, professional manner, and knew about people's likes, dislikes and medical conditions. Records, such as handover sheets and allocation sheets showed required staffing levels were sustained. Senior and management staff were qualified and on hand to support people if necessary.
- The provider had a robust recruitment system, and the provider made the necessary checks before staff started work. They had retained copies of the necessary records, such as evidence of a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and in line with people's prescriptions. We saw medicines being given safely. People told us they had their "tablets on time" and, "I have not had any problem here." Staff training and competency checks were up to date. Appropriate protocols were in place for administering medicines covertly and for keeping controlled drugs safely and in line with additional legal requirements relating to these drugs.
- The provider had processes in place to check medicines were kept and administered safely. Staff carried out daily counts of medicines in stock. There were monthly audits of medicines, and records showed any concerns identified were followed up by senior clinical staff. A review of medicines practice by the provider's pharmacist had identified no concerns.

Preventing and controlling infection including the cleanliness of premises

- Policies and procedures were in place to support staff to maintain high standards of cleanliness and hygiene during the COVID-19 pandemic. Staff had access to personal protective equipment (PPE) and facilities to maintain hand hygiene, such as hand sanitiser. We saw these were used appropriately. Staff were aware of the steps to take should there be an outbreak and told us they had completed infection control training.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- Arrangements for family visits were in line with government guidance at the time.

Learning lessons when things go wrong

- In the event of accidents or incidents there were thorough investigations and analysis. These included analysing any incident to identify trends, actions, learning and required communication. There were monthly quality assurance, and health and safety review meetings which oversaw the provider's learning from incidents and accidents.

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 our last inspection we did not rate this key question. At this inspection, we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were comprehensive assessments of people's needs before people moved into Ancasta Grove. These assessments were used to develop person centred care plans once they moved in, and support was regularly reviewed and updated. People told us they received care and support which reflected their needs and choices.
- The provider kept their policies and procedures up to date to reflect changes in good practice and national guidance. The provider's systems for care planning, medicines recording and access for staff to guidance and policies were all computer based which meant the latest version was readily available to staff.

Staff support, training, skills and experience

- People received effective care and support from staff who were well supported by management, trained, skilled and experienced. Staff told us they received a good induction when they started working at Ancasta Grove. They were supported to maintain their skills through ongoing training which covered a range of core subjects and more specialised areas to reflect people's specific needs and conditions. The provider had recruited management and senior staff with a clinical background which had led to the home being more self-sufficient in nursing skills.
- Staff received support through regular supervision, observation, competency checks and team meetings. Records showed all staff had received a recent supervision. A staff survey showed staff felt well supported. A staff member had commented, "Ancasta Grove is now a fabulous place to work. The management have turned the home around, and I couldn't think of anywhere I would rather work."

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

- People had genuine choice and access to sufficient food and drink throughout the day. A person told us, "The food is pretty good. There is a good variety of meals and it is cooked well." Hot and cold drinks, fruit, cakes and other snacks were available during the day for people and their visitors. Staff knew people's normal preferences, and checked if they would like something different for a change.
- Staff were aware of people's individual dietary needs, such as pureed meals, small portions or bite-size meals. Where people were at risk of poor nutrition, risk assessments used a standard method to assess the risk, and staff kept records of people's intake if necessary. The catering team listened to feedback from people and adapted menus and choices to reflect people's preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively across services to understand and meet people's needs. The provider had worked with specialist professionals to develop detailed screening tools to assess people's hearing and oral

health. This gave people and staff greater insight into people's needs and risks in these areas and opportunities to access specialist care and support.

- The service had clear processes for making timely and appropriate referrals to other healthcare agencies. We saw evidence of involvement with dietitians, speech and language therapy, dentists and opticians. Nursing skills and experience were more established in the service since our last inspection which meant inappropriate referrals to community nursing teams were reduced.

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

- The home had been purpose-built to meet people's needs and give choices about where they spent their time. People had access to outside space, quiet areas, areas for activities, areas where they could spend time with visitors and private areas. The housekeeping team maintained the home to high standards of cleanliness and repair. A person told us, "It is lovely and clean here and the rooms are all comfortable."
- The provider had adapted areas of the home to support people's recreational needs. People were supported to bake, garden, and play games where they wanted to. There were shaded areas in the garden, a barbecue, and a greenhouse, which were used and appreciated by people. People with a physical disability or mobility needs had access to appropriate aids and equipment in bathrooms and the dining rooms.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and support. There were monthly healthcare assessments which involved people, and regular visits by practitioners from the local GP practice. People told us they saw their GP and other healthcare professionals such as chiropodists when needed.
- The provider had a network of staff champions in areas of care and support such as oral health and dementia care. Staff champions worked to identify and share good practice in their chosen area of expertise. Staff supported people to live healthier lives.

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

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 MCA 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, 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were aware of the need for consent and to support people to make decisions where they were able to do so. Consent forms were in place in people's care files, and staff were careful to offer choices when supporting people with their routine care.
- Where people lacked capacity, assessments and best interests decisions were recorded following the MCA code of practice. Where people were at risk of being deprived of their liberty, the provider had applied for the necessary authorisations.

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 our last inspection we did not rate this key question. At this inspection, we have rated this key question good. 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 told us they were well treated and supported in a caring manner. A person said, "They are great, this lady (staff) is so kind we have a giggle together." Another person's relative said, "It's so reassuring for me that I can go home knowing [Name] is being looked after. They are so thorough; the staff constantly keep an eye on him." Staff spent time reassuring people when they needed emotional support.
- The provider took into account the need to respect equality and diversity in their care assessments and support. Staff training included a module on equality, diversity and human rights. Staff knew how to respect people's diversity; for instance, how to respond if a person living with dementia started to use their first language.

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

- Staff knew when people needed additional support to express their views and make decisions. A staff member described how they gave a person more time and assistance to find the words they wanted to use. People's relatives were happy with how they and their loved ones were involved in decisions. A relative said, "It's a sensitive job to care for people, they are good here."
- Staff had time and techniques to support people to make decisions. There were "show and tell" plates to help people decide which menu option they preferred at mealtimes. The provider had identified key workers for each person, and there was a "resident of the day". These initiatives allowed people to express their individual views to staff in line with their communication needs.

Respecting and promoting people's privacy, dignity and independence

- Staff took account of the need to preserve people's independence as much as possible. A person told us, "I do as much as I can for myself. They let me dress as far as I can but help me when I need it." Another person said, "I'm going out this afternoon. I have a taxi coming to take me to check my house and pick up a few bits and pieces." Staff encouraged people to be independent, for instance at mealtimes and when moving about the home.
- Staff respected people's privacy and dignity. Care plans contained individual information about people's life histories and things that were important to them. Staff used this information to have meaningful, respectful conversations with people. Where it was important to people, staff supported them to dress as they wanted and to wear their preferred jewellery.

Is the service responsive?

Our findings

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

At our last inspection we did not rate this key question. At this inspection, we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Care and support at Ancasta Grove met people's needs and led to positive outcomes for people. A person's relative described how the service had monitored the person for a possible chest infection. Staff consulted with the GP practice nurse, administered prescribed antibiotics, and called paramedics when they had continuing concerns. Clinical staff liaised with paramedics and decided the person could be treated in the home. The relative said, "The staff have been constantly monitoring him and have encouraged him to sit out in the armchair which is better for his chest."
- People's care and support were based on detailed and thorough individual plans. Care plans were person-centred, contained information about people's medical conditions, where necessary treatment plans for wounds, and people's likes and dislikes. There was information about people's life histories so staff knew about people's past professions, hobbies, interests and sports, and could use this knowledge to have meaningful interactions while supporting people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information about their communication needs. Staff applied this knowledge when supporting people. They spoke clearly and slowly when necessary, and used techniques such as pointing at objects to show choices and options.

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

- There was a wide variety of relevant activities and events for people. These included events organised with a nearby school and the local church, and visits by therapy pets and a petting zoo. A person's relative told us, "The activities coordinator does a good job here. Even encouraging people to look out for animals in the garden. People love the children coming in and animals they can touch." Another person told us, "One of the schoolboys from over the road likes gardening. I showed him how to transplant tomato plants. He brought in a plant from his mum and some chocolates to thank me for helping him."
- There was focus on social events to avoid isolation. These included catered events to which families were invited, barbecues, minibus trips, and services to meet people's spiritual needs. A person told us, "[On Sunday], we hold a worship session. A relative of a previous resident plays the piano so we have hymns as well. They donated a piano to the home and another volunteer plays for us as well."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints process, which people knew about. Records showed complaints were investigated and managed professionally. The provider informed the complainant of the outcome of their complaint with an apology if appropriate.

End of life care and support

- At the time of this inspection the service was not supporting anybody at the end of their life. The provider had appropriate training, staff support, policies and processes in place to make sure people's final days were pain-free, dignified and in line with their preferences and cultural needs. The provider had received positive feedback from the families of people who had spent their final days at Ancasta Grove.

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

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

- At our last inspection there was no registered manager in post and there had been a period of inconsistent leadership. At this inspection the provider had a new registered manager, deputy manager and clinical lead. The three senior managers were all registered nurses, and the management team showed a clear understanding of how to manage quality and risks in a regulated environment.
- Staff were clear about their roles and responsibility. Shift allocation records showed who was responsible for aspects of care delivered and keeping up to date records. A staff member described how the new management supported staff to do a good job. They said management were "100% approachable" and, "Things have really changed for the better over the last few months."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, inclusive, person-centred culture which people and their families appreciated. A person told us, "I can't remember names but the person in charge ... comes round here a lot and talks to me. He's a jolly fine man, brilliant." Another person said, "There are no changes I want. I am happy in here, it's a beautiful room." People and their families appreciated the culture and ethos in the home.
- Managers and senior staff were available, consistent and led by example. They delivered and communicated their strategy effectively. Staff told us they worked well as a team and found the management team approachable. A person's relative told us, "I cannot fault the staff here. We came and looked round. The business manager was brilliant, so we opted for here. From the word go I've never had any problems except the use of agency staff but that's changed now. The manager is friendly, nothing is too much trouble."

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

- The registered manager was aware of their responsibilities under the duty of candour. They had open and transparent communications with people. Following an accidental safety incident, the registered manager had acted in line with the duty of candour guidance.

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

- The provider had a variety of methods for engaging with people using the service and their families. These

included surveys, residents and relatives meetings and a "resident of the day" process which included a review of people's care with their families if appropriate. A person's relative told us, "At the relatives meeting the manager sets out his plans for the home. He shows respect for his staff, I think he knows what it's like. He has an open-door policy. I have never felt unwelcome here." People and their families also had opportunities to engage with managers and senior staff informally.

- The provider had processes in place to engage with staff. These included supervisions, a range of meetings, and a recent staff survey. Staff told us they felt supported, and that there were frequent opportunities to engage with managers. A staff member told us, "[Senior staff] are always on the floor if [registered manager] is not, he is always in the office, and we can call him if we need him."

Continuous learning and improving care

- The registered manager had a plan for continuous improvement in the service. They had established a well evidenced governance and quality assurance system and had improved staff retention. They responded to suggestions and findings from various sources, such as residents surveys and direct contact with people and staff. They had, for example, improved menu choices and introduced a starter pack for new staff. A staff member told us they felt the service was on the right track. They said, "Things changed for the better in the last year."

Working in partnership with others

- The registered manager and staff team worked with other organisations and professionals to improve people's care. These included the local authority, commissioners, local healthcare services and specialists from the local university. People's social lives were enhanced by the provider's working with a nearby school and church.