Sanctuary Care Limited

Ashley House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 31 October 2017 and was unannounced. Ashley House is registered to provide residential care for older people, people with a physical disability or a sensory impairment. Ashley House specialises in the provision of dementia care for people. At the time of the inspection there were 36 people living at the service.

Rating at last inspection

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

Processes were in place to ensure people's medicines were managed safely. People were safeguarded from the risk of abuse. Risks to people had been assessed and were managed safely. Sufficient staff were deployed in order to meet people's needs.

Staff were provided with an effective induction, training, supervisions and annual appraisal to enable them to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were provided with a range of nutritious foods and drinks that met their needs. Staff ensured peoples' healthcare needs were identified and met.

People experienced positive and caring relationships with staff. People were provided with information in a manner in which they could understand so they could make decisions. Staff ensured peoples' privacy and dignity was upheld in the provision of their care.

The service continued to be outstandingly responsive in the innovative manner in which the needs of people living with dementia were met. Processes were in place to enable people to make a complaint or provide their feedback and this was used to improve the service.

People's care was provided by staff who understood and applied the provider's values of care in their work. There was good, clear leadership of the service. Processes were in place to monitor and improve the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service is now good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains outstanding.	**Outstanding** ☆
Is the service well-led? The service remains good.	**Good**

Ashley House Residential Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 31 October 2017 and was unannounced. The inspection team included two 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection, we received written feedback on the service from a Social Services team manager, two social workers and a community psychiatric nurse. During the inspection, we spoke with a community healthcare assistant. We spoke with a total of eleven people and their relatives. We spoke with seven care staff, the chef, the registered manager and the regional manager.

As many people experienced dementia and could not all speak with us in a meaningful way about their experience of living in the service, we used the Short Observational Framework for Inspection (SOFI) to understand their experience of the care provided. We spent time observing the breakfast and lunch service and observed a staff handover and part of a medicine round.

We reviewed records, which included three people's care plans, three staff recruitment and supervision files,

and records relating to the management of the service.

The service was last inspected in October 2015, when one breach of the regulations was identified.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. Their feedback included, "Yes I feel safe because everybody is so good, they'd do anything for you" and "There's ample staff here."

At our previous inspection on 12 and 14 October 2015 we rated the service requires improvement in this key area. We found the provider had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan with an expected completion date of 30 December 2015. At this inspection, we found the improvements had been made and sustained and there was no longer a breach of regulation.

We found the management of controlled drugs, which are medicines, requiring additional measures to ensure they are managed securely, was now safe. Records showed two staff always signed when a person was administered a controlled medicine as required, including if these were administered during the night shift and these records were audited daily. Staff told us and records confirmed that all staff administering medicines had undertaken the provider's medicines training and had their medicines competency assessed annually to ensure their practice was safe.

Processes were in place to ensure people's medicines were ordered, stored, administered, recorded and disposed of safely. We observed senior staff administered people's medicines safely. We noted staff helped people with their medicines in their own individual preferred way, either with extra support or not as required. Staff then signed people's medicine administration records (MARs) which were checked for completeness at the end of each staff shift.

Some people required topical creams for their skin, which care staff administered. We noted on two people's topical cream MARs there were some gaps in staff signatures and therefore, there was not a complete record. Checks on these people's daily notes demonstrated they had actually received this care. We brought this to the medicine lead's attention who took immediate measures to ensure staff were reminded of their responsibility to sign people's cream MARs in addition to completing the person's daily notes and to ensure these records were checked by senior staff.

Staff monitored the prescribing of medicines which can be used to manage people's behaviours which staff may find challenging. The use of these medicines within the service was low, as staff used behavioural interventions such as distraction; this ensured people were not prescribed these medicines unless necessary.

Records showed staff had undertaken the provider's required safeguarding adults and safeguarding children training to ensure they understood the signs that might indicate a person was being abused and their responsibility to report any concerns. Staff spoken with demonstrated a sound knowledge of their role and responsibility in relation to safeguarding people. Staff had access to the provider's safeguarding policy and the local multi-agency safeguarding policy.

There were door key codes to ensure only those who could safely navigate the service had total access. The registered manager explained that most people experienced short-term memory loss. As this affected people's ability to recall the internal door key codes, they had implemented a process to ensure people could still use the codes, without having to recall them. A balance had been achieved between some people's need to be kept safe, whilst not unnecessarily restricting the freedoms of those who could still mobilise around the service without staff support.

People were assessed using recognised tools for a variety of potential risks to them; such as choking, falls, skin ulcers for example and plans were in place to manage any identified risks. Staff spoken with had a good understanding of the risks to people.

The registered manager told us they did not use bed rails to manage the risk of people falling out of bed, as these can restrict people's movement and can be a potential hazard. This risk was managed by providing people with adjustable beds, which were positioned at the lowest setting, 'crash mats' positioned next to the person's bed to cushion any fall and sensor alarms to alert staff if people got out of bed. The risks to people from falling out of bed were safely managed.

Records showed that when people experienced a fall they were monitored to identify if they required medical attention. Any incidents were documented and reviewed in case any action was required for the person's safety. For example, one person had experienced a number of falls and staff had identified that some were caused by them over reaching for an item. We saw this item was now secured within their reach, their bedroom had been re-arranged and the number of checks upon their welfare had been increased.

The risks to people from developing pressure ulcers were assessed and people at high risk had measures in place to manage this risk for them. For example, we saw people were provided with pressure reliving equipment where required. Where people needed to be regularly re-positioned, the required frequency was noted and staff had documented this care had been provided.

Relevant equipment and environmental safety checks had been completed for peoples' safety.

People's level of dependency was assessed monthly to enable the registered manager to monitor that staffing levels were sufficient for people's needs. The registered manager told us there were seven staff rostered in the morning, six in the afternoon and four at night. In addition, there was an activities co-ordinator, an administrator, catering, housekeeping and maintenance staff. Records confirmed this level of staffing. During the day there were one to two team leaders to lead the shift and an allocation sheet to ensure staff knew what they needed to do and that staff were effectively deployed, in order to ensure peoples' needs were met safely. The registered manager told us there was one staff vacancy and a low level of agency usage, which records confirmed.

Staff told us they had undergone pre-employment recruitment checks and these were documented in their records. These included a full employment history, record of interview, the provision of suitable references in order to obtain satisfactory evidence of the applicant's conduct in their previous employment, a health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Appropriate recruitment procedures were in place.

Good

Is the service effective?

Our findings

People and their relatives told us the service was effective. Their feedback included, "They (staff) are well trained" "It's very good food here" and "There's always a drink too."

Staff who were new to care undertook the recognised industry standard induction to ensure they had the skills to provide people's care effectively. They further developed their knowledge through courses in dementia care, dementia friendly design, end of life care and oral health care. Staff were undertaking training to enable them to administer insulin for people living with diabetes, which will enable them to provide this care, rather than the community nurses. Staff received regular supervisions, a six monthly review and an annual appraisal to support them in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people could not consent to their care and restrictions upon their movements amounted to a deprivation of liberty the relevant application had been made, following a MCA assessment. DoLs applications had been submitted for everyone but none had been approved yet. Staff were observed to seek people's consent throughout the inspection and understood the application of the MCA in relation to their daily work with people.

We saw that at lunchtime, people were provided with elements of their meal individually pureed where required to ensure their meal remained appetising whilst safe to eat. People were provided with adapted crockery where required, which ensured they could remain independent when eating their meal. Staff supported those who required assistance with their meal.

People living with dementia are often active and mobile and therefore may have an increased need for calories. Records showed people's meals were fortified with cream and butter where monitoring of their weight indicated they needed to increase their calories. Sweet and savoury 'snack' foods and drinks were positioned to 'catch people's eye' and encourage them to 'graze' as they walked. Any concerns about people's weight were referred to the GP for their guidance. Where people were identified as being at risk from dehydration staff put a fluid chart in place to monitor the amount of their intake and to ensure this was sufficient for their needs and these were fully completed.

Staff supported people to see a variety of social and health care professionals to ensure their welfare. A person had recently seen a healthcare professional who had provided pictorial references for staff to ensure they knew how to position the person. We saw the person was positioned as per the guidance. We heard at the staff shift handover how staff were liaising with the district nurses to ensure another person received an item of pressure relieving equipment they required for their welfare. Staff worked with professionals to promote people's health and welfare.

Good

Is the service caring?

Our findings

People told us staff were very caring. Their comments included, "They're very good here," "I'm happy here" and "If you want something special – you just ask." A relative commented: 'They're really caring here; they just take a lot of time with everybody." Another relative told us about how staff had ensured their loved one's birthday was celebrated with a party.

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them.

Staff were relaxed, happy and positive in their communications with people. They used physical touch upon a person's shoulder or hand to communicate, which appeared to convey a positive feeling. The atmosphere was vibrant, with people chatting with others as well as staff.

There were activities located around the service for people to engage with independently and each dining room table was set up with a different activity for people. All staff still took the time to sit and engage with people and to take an interest in what people were doing. Staff made time for people.

Staff were attuned to people's anxieties. They ensured that a recent flu vaccination clinic was managed in a sensitive manner that caused people as little distress as possible. Staff had been provided with written guidance about how to manage people's behaviours if people were anxious during oral care, to enable staff to understand how to provide people's dental care with dignity.

The service is complying with the Accessible Information Standard. This requires providers to ensure people with a disability or sensory loss can access and understand information they are given. People's care plans identified their communication needs, for example, it was noted a person was registered blind and therefore staff should explain each meal to them. Information about activities was in an accessible format. The registered manager had made communication cards for staff to use whilst a person's hearing aids were being replaced, to ensure this person could understand what was communicated and to uphold their dignity; staff confirmed they were used.

Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. At lunchtime staff showed people the two choices of meal so they could see and smell them, which would evoke memories of whether they liked each meal.

Staff had undertaken the provider's required training in relation to both dignity and equality and diversity. Staff supported people with their personal care in private. Staff ensured couples had accommodation that met their needs and maintained their relationship. People who could not go out were able to have meals with their family in the service's 'pub' to enable them to experience a private meal whilst also feeling they

had 'gone out' with family. Although the service was not currently accommodating anyone with different religious needs, the registered manager was able to explain to us how these would be met.

Outstanding ☆

Is the service responsive?

Our findings

People told us the service was responsive. Their comments included, "It's an enjoyable experience, not like being at home and not like being in an institution." 'If you want something special – you just ask.' "They do everything every day. We've seen his care plan; his year was up so we had a review."

The service remains outstanding. The managers had completed dementia leadership training and four staff had completed dementia specialist training. As a result, staff had introduced 'Namaste Care,' an end of life care program for people living with dementia. Staff had adapted the principles into a daily session for those with the most advanced dementia. The registered manager told us, "One lady had tightly closed hands and since massage her hands have improved and started to open. Another lady used to love the garden – she listened to the birdsong on the DVD and then started to whistle – that was a real breakthrough." We observed a session and saw people came and experienced massage, music, reflection and serenity, which they enjoyed and benefited from.

Staff have continued to improve the already enriching and self-stimulating environment, specifically tailored to meet the needs of people living with dementia. By providing both meaningful stimulation and occupation, this in turn reduces people's behaviours which can challenge staff. The registered manager told us of a person who had been moved from another service as their behaviours were seen as too challenging to staff but who had since settled at Ashley House .

As people's mobility had reduced, staff had been less able to take them to the local shops. In response, staff had installed a 'sweet shop/café,' to enable people to visit these amenities within the service. They had also built a 'beach' in the garden. People confirmed their grandchildren loved to come and play there and care staff told us in the summer people enjoyed eating an ice cream at the 'beach'. These areas were not only used by people during activities, but were incorporated into daily life and events. For example, we saw that some people chose to have their breakfast in the 'café' and that they enjoyed this experience of 'going out' for breakfast. The beach was used as part of a week-long 'cruise' that staff recently organised for people to go around the world, having researched with peoples' relatives the countries people had visited or worked in to ensure context and relevance for people. Staff continued to ensure the environment was highly responsive to people's needs.

There was a focus on enabling people to stay connected with the community. People had visited a nursery to sing with the children who also visited the service for celebrations. People had participated in the 'Sing a Song Challenge' for Comic Relief organised by the National Activity Providers Association (NAPA). They had also taken up the NAPA challenge to go out and participate in a community singing event. Local older people had been invited to enjoy a 'Silver Sunday' lunch. Silver Sunday is an annual day of activities for older people. Staff ensured people both participated in events and were visible through their links with their local community.

Any feedback received was used to identify how peoples' experience could be improved. An issue had been raised at a person's review and action had been taken to alleviate the person's concern and so improve their

experience. The service also kept a general 'concerns/comments' form upon which staff noted any feedback and any actions taken to address issues raised for people.

Good

Is the service well-led?

Our findings

People were positive about the care provided and the registered manager, saying, "[She's] a very nice lady" and "The best thing about here is the atmosphere, it's very easy going."

The manager used an inclusive approach to delivering care. They had planned 'mix and mingle' events for staff and people to spend time getting to know each other. Staff, including housekeeping staff, were encouraged to sit with people during their breaks as part of the "whole home" approach, within which all staff, were involved in peoples' care. This had helped to develop a person centred approach, and staff spoke positively about the people they cared for: "Five minutes here and there to have a quick chat…I treat them like they're my nan and granddad."

Residents' meetings were conducted informally so people could communicate their needs and preferences. People's opinions were sought on the menus, the new kitchen and destinations for their 'cruise' week. In the latest provider survey 93% of people felt that staff gave appropriate responses to their comments and concerns. This demonstrated people's opinions were listened to.

The registered manager had an 'open door' policy for everyone. People were free to enter the office during the day and often came in for a chat. Two people came to speak with them during our inspection. The registered manager was passionate about providing personalised care and said, "I've been here for 30 years, it's my second home. I've got a passion for people with dementia; I want to make a difference."

The registered manager demonstrated supportive, inclusive leadership. They delivered face-to-face training on the provider's values to staff. The manager and deputy manager completed 'spot checks' on staff regularly. Staff were clearly applying the service principles of dignified, respectful care. A buddy system was in place for new staff to aid staff retention. They told us they had positioned their office centrally in order to observe care and to be available to staff. The deputy manager worked with staff on the floor and completed 'rounds' with new staff to support them and to demonstrate good care. To ensure that staff were clear about the care they were to provide during each shift and their responsibilities, a staffing allocation was completed for each shift.

A staff member told us "The manager is brilliant." Another staff member said: "The manager is like a mother figure. She believes happy staff make a happy work environment." Monthly 'kindness awards' were given to staff who had gone 'above and beyond,' to validate their efforts.

Following the inspection, the registered manager provided evidence of how they had developed a training programme for staff on how looking at the environment and the effect of providing meaningful activities makes people feel valued and loved. This training had been shared with the provider's other services, for peoples' wider benefit.

There were systems in place for monitoring the quality of care people received. The registered manager completed monthly clinical quality assurance audits, which were then reviewed by the regional manager

during their monthly compliance visits. Areas for improvement were identified and actioned in the Service Improvement Plan (SIP). The provider's quality assurance team supported the registered manager and the regional manager. The actions from the SIP were reviewed at the regional manger's compliance visit. The registered manager completed a monthly analysis of the accidents and falls people experienced in order to identify any trends, common causes and underlying factors for people. Processes were in place to ensure people's medicines were audited for any improvements required, both internally and externally by the provider's pharmacist.