KYS Limited

Ashleigh House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 23 September 2015 and was unannounced.

Ashleigh House provides care and accommodation for up to 24 older people. At the time of our visit there were 18 people living in the home.

There was a registered manager in post but they were not available at the home on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home and staff understood their role in keeping people safe from abuse. There were enough staff available to keep people safe and maintain their health and wellbeing. Where there were risks associated with people's care such as the risk of them falling, there were plans in place for staff to

Summary of findings

manage those risks. Recruitment checks of staff were carried out prior to them starting work at Ashleigh House to ensure they were suitable to work with people in the home.

Staff knew about people's needs and how they preferred their care and support to be provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals for advice. People we spoke with had mixed views about the care staff that supported them and told us some had a more caring approach than others. When we observed staff, we found this to be the case. People had some involvement in planning their care and support needs but felt more could be done to help them spend their days doing activities they enjoyed.

People were provided with sufficient to eat and drink and enjoyed the food provided which met their nutritional needs.

Medicines were managed well and people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

Staff received training and support to ensure they could safely and effectively meet the individual needs of the people living in the home. Staff told us the training they received gave them the skills they needed to support people.

Management understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were supported in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with the DoLS.

The registered manager and deputy manager were supportive to staff and worked with them to help support people's needs to the standards required by the provider. The provider had systems to monitor the quality of service provision and identify where improvements were required. Staff told us they felt confident to approach the registered manager if they had concerns.

Summary of findings

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.

There were enough staff to support people's needs and keep people safe. Staff were aware of the different signs of abuse and the processes to follow should they identify any concerns regarding abuse. People received their medicines from trained staff who understood how to give medicines safely.

Good

Is the service effective?
The service was effective.

Staff received ongoing training to provide them with the skills and knowledge they needed to meet the individual needs of people effectively. People had access to healthcare professionals when required.

People told us the food was good and they were given a sufficient choice of meals to meet their nutritional needs.

Good

Is the service caring?
The service was not consistently caring.

People told us that some of the staff were caring in their approach and some were not. We found this to be the case through our observations of staff which the registered manager said they would address. Staff aimed to support people's independence and maintained people's dignity when providing care.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People felt they were not fully involved in their care. They told us sometimes support was not always provided in a way that met their individual needs and preferences.

There were opportunities for people to participate in activities in the home but these were not always activities people wanted to do. People knew the process to report any concerns or complaints.

Requires improvement

Is the service well-led?
The service was well led.

People told us the home was well-led and the managers were approachable. Staff told us they enjoyed working at the home and felt supported by management to carry out their roles effectively. They were given opportunities to discuss the service provided and there were some systems to review the quality of service provided.

Good

Ashleigh House

Detailed findings

Background to this inspection

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

This inspection visit took place on 23 September 2015 and was unannounced. The inspection was carried out by two inspectors.

We reviewed the information we held about the service which included the review of notifications which the provider is required to send to us. The notifications contained information about the number of deaths in the home and accidents and incidents that affected people's health, safety and welfare. We also contacted the local authority who funded the care for some people who lived at the home and they had no concerns about the service.

During our visit we spoke with the deputy manager, seven people who lived at the home, two relatives and two care staff. Some people who lived at the home found it difficult to answer our questions as they had difficulties with their hearing or had a limited ability to communicate due to their health conditions. We therefore spent a period of time observing people in the lounge and dining room areas to see how they spent their day and how they were supported by staff.

We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included, medicine records, the processes for managing complaints, staff recruitment records, staff training records and quality monitoring records such as health and safety audits and notes of meetings with staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. They commented, "Yes, I feel safe." "It's alright here, staff come and help you." "If I ring my bell staff come quick." We saw that when staff carried out care interventions such as supporting people to move around the home this was done in a safe manner.

Staff had completed training on how to identify and report abuse and demonstrated a good understanding of how to safeguard people. They were aware of the different signs of abuse and who to report their concerns to. They knew and understood their responsibilities to keep people safe and protect them from harm. We asked one staff member what they would do if the saw a person had bruises. They told us, "I would probably look at the accident forms. If there was no accident showing why, I would ask the resident what happened. Go to the manager if there was no plausible reason." This demonstrated they understood that bruising could be a sign of abuse which needed to be reported to the manager and investigated by the appropriate person to keep the person safe from harm.

There was a procedure regarding abuse on display in the hallway of the home that informed people what to do if they felt they were being abused. This was in large print and in an 'easy read' format so that people could understand it. Information also included contact telephone numbers for the local authority safeguarding team as well as the 'Action on Elder Abuse' advice line to support people with their concerns.

Staff understood the key risks of the people we talked to them about and what they needed to do to keep them safe. There were risk assessments to identify any potential risks to people with actions to manage risks detailed in care plans. The actions informed staff how the risks should be managed to keep people safe. For example, we identified one person was at risk of skin damage due to their inability to move independently and sometimes not eating and drinking sufficient amounts to maintain their health. There was a skin risk assessment and care plan that instructed staff to monitor the person's skin on a daily basis and involve the district nurse if there were any concerns noted. The person's care records showed staff were recording when a problem was identified such as redness to the skin and when this had healed. This showed staff managed the risk to help prevent the person from developing further skin damage. Risk assessments were regularly reviewed and updated to identify if risks had increased and if additional actions or staff support were required. This helped to keep people safe.

The provider had taken measures to minimise the impact of unexpected events and keep people safe. The deputy manager told us there was an emergency folder that contained all the information staff and the emergency services would need to keep people safe in the event of an emergency such as a fire. Staff knew what to if there was a suspected fire in the home and told us if the home needed to be evacuated they could take people to another care home close by. We also noted that each person had a personal evacuation plan that was also kept on their care files which detailed their individual needs for support in an emergency.

The deputy manager told us that both they and the registered manager walked around the home each day to identify any concerns and potential risks to people's safety such as potential hazards within the environment. They gave us an example of a person whose mobility had deteriorated which meant they were not able to negotiate the step out of their room. The risk of them falling was reviewed and it was agreed to ensure the person's safety they would be moved to a different room.

The deputy manager told us that during their checks of the home with the registered manager they had identified a need for an additional member of staff during the day. They had been operating with two staff during the day before the home was fully occupied but had noticed staff had limited time to spend with people to meet their needs. They had discussed this with the provider and an extra member of staff was agreed. This showed the provider had listened to staff to ensure people's needs were met.

Most people felt there were enough staff to meet their needs. People told us, "I would say there is enough." "Overall the staff look after you." "I think there is enough staff." "Staff come and help me." During our visit we saw there were enough staff to meet people's care and welfare needs and provide the supervision and support people needed to keep them safe.

The deputy manager told us the provider had an active role in recruiting staff to work at the home to ensure they were suitable to work with people. The provider had carried out police checks and obtained written references to ensure

Good

Is the service safe?

staff were safe to work with people who lived in the home. Records viewed confirmed these checks had been done. Staff we spoke with confirmed they had not started work until all the checks had been completed.

People told us they received their medicine as prescribed and this was provided on time. One person told us, “Yes I get medicine on time; I always have one tablet every day. Staff check I take mine.” Medicines were stored safely and securely and there were checks in place to ensure medication was kept in accordance with manufacturer’s instructions and remained effective. Medicine administration records showed people received their medication as prescribed. Some people required medicines to be administered on an “as required” basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently.

Staff completed training before they were able to administer medicines and the deputy manager told us competency checks were carried out by observing staff to make sure they continued to administer medicines safely.

Good

Is the service effective?

Our findings

During our visit we saw staff had the skills and knowledge to meet people's care and support needs. New staff completed a three day induction to the home and completed training on an ongoing basis to provide them with the skills and knowledge to meet people's needs effectively. Staff told us after the three day induction period they were worked as part of the staff team in delivering care. To enable them to meet people's needs safely, they worked alongside other more experienced staff until they had completed all of their essential training. This also helped them to understand people's needs and how their care was to be provided. Staff felt the training provided was "quite good" and sufficient for them to carry out their role effectively. One staff member told us, "I was being supervised when working as part of the shift. I found it helpful, it made me feel comfortable that I could start the job, I think it was sufficient. You mainly learn on the job." We observed that when staff moved a person using the hoist this was done with two staff and a safe procedure was followed which demonstrated staff were putting their learning into practice.

The deputy manager told us the registered manager held supervision meetings with staff to discuss their practice and how they were working to ensure that people's needs were met. Staff knew when these meetings were planned and when their annual appraisals were so they had time to plan and consider what they needed to discuss. One staff member told us, "This is being done quite frequently (supervision meetings)." They told us they talked about things the manager had noticed regarding their practice that needed improvement and about what training they needed to help them develop their skills and knowledge. The registered manager regularly checked staff competency by carrying out observations of them working. Records of these meetings and observations were kept for monitoring purposes. The deputy manager told us, "If a person was not following the policies of home, the manager would call them into a meeting, confront them about the issue, ask them why they were not following them and the implications of this. Depending on what the situation was and how serious, they would get a warning on their file or more supervision and observations." This meant the registered manager ensured staff had the support, knowledge and skills needed to make sure people received effective care.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The MCA and DoLS require providers to submit applications to a supervisory body to gain the authority for someone to be deprived of their liberty. The manager had made sure applications had been submitted where potential restrictions on people's liberty had been identified. The deputy manager stated that staff were required to complete online training within three months of their start date so they understood the MCA and DoLS. They stated discussions were held with all staff about their understanding of the MCA so they could recognise more easily those people who may not have capacity to make certain decisions. Staff we spoke with confirmed they had either completed MCA training or this was planned. Most staff understood the requirements of the MCA and the importance of respecting people's decisions about how they received their care.

People were provided with a choice of meals and were positive in their comments about the food. They told us, "Lunch today was really nice, lovely and hot." "They make porridge the way I like it." "The food is up and down." "Food is lovely, you get a choice."

The deputy manager said people were always provided with choices of meals. They told us, "They are asked what they would like for breakfast, hot or cold, have two lunch choices. They are asked what they would like for supper."

Where people were at risk of not eating or drinking enough to maintain their health, risk assessments had been completed to identify what action was needed to meet their needs. For example, assessing if the person required assistance to eat and drink. We observed the lunchtime period and saw a person was assisted to eat in the dining room at their own pace without being rushed. The lunchtime period was relaxed and meals looked appetising.

Staff knew about people who were at risk of poor health due to not eating or drinking enough and told us they monitored these people by completing 'food and fluid' charts. They also told us they referred people to the doctor if they were concerned about people's health due to them not eating or drinking enough. One staff member told us, [Person] one week they are eating and drinking well and then they stop." "[Person] is not drinking very well they had

Good

Is the service effective?

a chest infection. We called the doctor who checked their chest. Yesterday they refused (drinks) all day ….if we leave them, they won't drink. We have to encourage them to drink."

Staff took into consideration supporting people's independence when eating. They told us about one person who had difficulty with their sight so they provided them with a specially adapted plate to help them eat independently. Staff understood that sometimes people refused meals or drinks when they actually they wanted them and how it was important to address this to meet the person's needs. They gave an example of one person who did this. They told us, "We just prepare breakfast for [person] we give [person] 'Weetabix' toast and tea. If we ask [person] if they want a hot chocolate [person] says no but if we give it to [person] they will drink it. Our chef and cook know what [person] likes to eat so we just give [person] meals."

We saw care records provided staff with the guidance they needed to help ensure people's nutritional needs were met.

Requires improvement

Is the service caring?

Our findings

People gave mixed views about the staff that supported them. Some of their comments were positive and some were not. Comments included, "Staff are caring." "Some staff are good, some not." One person told us they had been told by one member of staff not to speak with us. This was reported to the registered manager who agreed to take the necessary action to address this.

When we observed staff there was a mix of caring and less caring interactions. For example, one person asked for a stool, the staff member responded, "What did I say to you this morning; these are the only stools we have." The staff member then walked off. When a person in the lounge needed assistance, and another person rang the call bell on their behalf, the staff member stated, "I will come in when I am good and ready." Another staff member was critical in the way they described a person who was able to hear their comments as they were in the same room at the time. The person wanted to go to bed because they felt uncomfortable in their chair. The staff member told them they could not until later in the day. We could not identify any reason why the person could not rest in bed. The registered manager was made aware of these issues and stated a staff meeting would be arranged to talk about the inspection process and the provider expectations in regards to meeting people's needs.

One person we spoke with in the lounge told us that when they were asked what choice of meal they would like, their choice was not always provided despite them knowing it was available. Other people in the lounge confirmed this had happened which suggested people's wishes were not always being respected. When we discussed how people's choices were managed with staff they told us they made every attempt to ensure these were met. They told us sometimes people changed their mind and felt this could have been the problem.

We spoke with the registered manager following our visit who stated she would be holding a staff meeting to discuss the findings of our inspection. They also stated they would be carrying out individual supervisions with staff to address the negative comments we had received and to make sure action was taken to prevent these happening again.

Staff felt they were caring in their approach towards people and described how. One staff member told us during their induction to the home they, "Spent every day sitting in the lounges with people playing dominoes and talking to them about their lives." They went on to say, "They may have their days when they are not happy but generally they are happy residents." Another staff member told us, "I help everyone the same, we try talking with them and if they have a 'bad mood', try to make sure it does not affect others. We always sit with them in the lounge every day when we have time, if not in the morning, the afternoon and spend time talking with them about what they like." A care staff member told us one person needed to be approached in a specific way so they did not become anxious when supporting them with their care. They told us, "We need to approach [person] in a quiet and slow pace and be friendly. This works with [person].

A visitor we spoke with was positive about their experiences of the home. They told us when they were looking to place their relative there; the staff had been helpful and provided them with "lots of information." They told us "I like the way they look after [person]. They all seem very friendly and they like [person]. The person themselves told us, "They have been lovely."

We observed that staff respected people's wishes to be addressed by their preferred names and staff were able to tell us some information about how people preferred their care and support to be provided. One staff member told us, "When working with old people you know what they like, some you can joke with and others you have to be serious." Staff knew about the importance of maintaining people's privacy and dignity and independence. We saw when hoisting equipment was used, staff maintained the person's dignity by ensuring they were kept covered during the process. Staff explained to us how they supported people with their personal care and how they encouraged people to be independent by washing areas of their body they could reach themselves. The deputy manager told us, "Staff would have a quiet conversation with people if they saw people needed assistance with personal care. They know to shut curtains for personal care. Cover them up, do not expose people. We recently had personal care training. All of the staff here attended."

Families and friends were able to visit at any time so that people could maintain relationships with people who were important to them.

Requires improvement

Is the service responsive?

Our findings

People felt they were not fully involved in their care and the care being provided was not always responsive to their needs. They told us staff did not always have the time to spend with them that they would like. People told us that they sometimes waited for ten minutes for staff to help them which they found frustrating. One person told us, "You have to wait if you press your buzzer, especially during meal times. If you press a second time they go mad. A second person stated, "Staff are willing to listen to your needs, staff cope exceedingly well."

Relatives we spoke with told us staff met their family member's needs and demonstrated a good knowledge and understanding of the support they required. They told us about a request they had made for the advice of a health professional to be sought in regards to their relative's health problem. This had been done in a timely manner which demonstrated they had been listened to and had responded to their request. However, we noted staff were not always responsive to people's requests and needs. We found one person was upset because they felt staff had not communicated with them effectively in order to meet their needs. They asked us how they could leave the home. They were expecting a healthcare professional that had not turned up and told us staff had not found out what had happened to let them know. The person became upset but this was not noticed by staff because they were carrying out other duties. We made staff aware that this person had become upset so they could inform the person what was happening about their appointment. We also saw two people arguing with one another and there were no staff around to intervene to calm them. We were concerned as people became unsettled, this could have escalated further. Fortunately the two people managed to resolve their issues amongst themselves.

Clear plans assisted staff to deliver the care people required. Care records included pre-admission assessment documents which showed people's needs were assessed before they moved to the service. Care plans were then developed in areas such as personal care, prevention of skin damage and moving and handling people to guide staff in meeting people's individual needs.

Staff we spoke with were able to describe how the care and support they provided helped people to maintain their independence and meet their needs. For example, one person had a urinary catheter fitted when they were in hospital which had resulted in them not being able to use the toilet independently when they were discharged back to the home. Staff responded to this by supporting the person on a regular basis to help prevent them from becoming incontinent or relying on the catheter permanently. A staff member was able to explain how their support had been successful in helping the person to maintain their independence and how staff continued to support the person with this.

People felt their preferences were not always being met in regards to their care, interests and hobbies. People told us they wanted more trips out. One person told us, "I …feel trapped I can't go out. I want to go to …. club but there is no one to take me so I stop in all of the time." Another person told us, "It's great (the home)" but went on to say they wanted staff to support them to get a takeaway meal but this had not happened.

There were some social activities provided at the home. Details of daily activities were displayed on a notice board and were called 'Your choice of daily activities'. This included, 'group fun', bingo, arts and crafts, ball games, skittles, one to one nail care and a hand/foot massage. Some of the art work that people had completed was on display which showed people had participated in these activities. One person told us, "Staff don't have enough time to play (undertake activities) with us." Another told us they liked completing word searches. Their care plan confirmed this and we saw the person completing these during our visit. Some people told us they liked to read and watch films in their rooms and occasionally they had singers who came in to entertain them. The deputy manager acknowledged that the provision of social activities was an area that needed to be reviewed so that they could introduce more of a variety of activities for people.

There were three college students supporting people's social needs in the home. We saw they were polite and respectful when talking with people. People enjoyed their company and one student offered to help a person find out when they were getting batteries for their hearing aids.

We saw people had made their own choices about which lounges they sat in and noted the men and women were sat in different lounges. Three people we spoke with told us, "We like to sit together." Each of the lounges had a

Requires improvement

Is the service responsive?

television on and people told us they could choose what they wanted to watch. The deputy manager told us, "Staff don't do anything unless they have asked residents what they would like."

The deputy manager told us they recognised the importance of maintaining people's independence and enabling people to do things they had always done. For example, one person always used to make the tea at home and liked doing this so staff supported this person to make the tea. They also put cake on a tray so the person could give this out to people. A second person liked to do the laundry so they provided them with a basket of towels and flannels and asked them to fold the laundry. We were told about a third person who chose to spend their time in their own room but were at risk of falling. Staff respected the person's decision to remain in their room but told us they regularly checked on the person to make sure they were alright.

The provider had a complaints policy in place which detailed the procedure to follow when a complaint was received. Information about how to raise a complaint was displayed in the entrance hall. Relatives told us they were happy with the care their family member received but if they had any complaints they would raise them with the registered manager. People felt they could not raise their concerns with some staff because of how they responded to them but were complimentary of the registered manager. The deputy manager told us they kept a daily log of complaints that people had made. These included issues such as the curtain pull cord not working in a person's bedroom and curtains coming off the hook. They explained that concerns received were being addressed and they did learn from them.

Good

Is the service well-led?

Our findings

The registered manager had been in post since March 2014. Both the registered manager and deputy manager were keen to ensure people experienced care in accordance with their wishes and choices. The deputy manager told us they held occasional 'resident' meetings to discuss issues related to the running of the home. People we spoke with could not recall the 'resident' meetings happening and commented, "We don't have meetings." "We don't have any meetings here to voice our concerns." Despite this, people spoke positively about the home and the registered manager. They told us, "She (manager) explains your letters and writes letters for you." "It's not a them and us here." "There has been nothing I am unhappy about." "I don't crave for anything."

Staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. They told us they felt well supported by the provider and registered manager and spoke positively about the registered manager. One staff member commented, "The manager is very nice, couldn't get a nicer boss." Staff told us they shared good communication links with each other to help support people's needs. They had daily handover meetings at the beginning of each shift where they discussed people and any changes in their health.

The provider and management team had implemented some quality checks to drive improvement within the home. This included regular staff meetings where they could question practice, raise concerns and discuss any changes that needed to be implemented to improve the home. We saw notes of a staff meeting which showed they had discussed a range of issues. Areas for action included checking bed valances were clean and ensuring records were completed clearly to show how staff had supported people. The meeting notes did not show actions required at the previous meeting had been carried out so that it was clear these had been addressed. However, staff confirmed their attendance at meetings and actions they had taken to improve areas in their practice. We saw the registered manager regularly carried out care audits to make sure people received safe care and to identify any areas where improvements might be needed. For example, they completed an analysis of the number of people who had fallen. This resulted in staff instructions being detailed in care plans to help prevent these from happening again.

The deputy manager told us they and the registered manager regularly walked around the home to ensure people's needs were being met and to check staff were carrying out their duties as expected. The deputy manager told us, "We monitor day to day to see how quickly bells are answered, …that staff are available to assist people and they are not waiting for the toilet bed or meals."

A quality survey had been carried out to find out what meals people preferred. The deputy manager told us people had been asked about the menu and food quality to make sure the meals were what they wanted. The deputy manager told us, "I had a big issue with the menu. People are younger here and they don't want meat and two vegetables ...the quality was not good so I asked people what they want." This had resulted in changes to the menu which demonstrated people's views had been taken seriously and acted upon.

The deputy manager understood their legal responsibility to send statutory notifications to us. These notifications included reporting serious injuries to people following an accident or incident in the home. We found one accident that had resulted in a serious injury to a person had not been reported to us as required. This meant we could not check at the time sufficient action had been taken to manage this to help prevent it from happening again. We noticed accidents and incident records did not always indicate if the person had any resulting injuries. For example, a staff member told us one person had fractured their wrist and had been taken to hospital. The fracture was not indicated on the accident form so that it was clear to the manager this was a serious injury which needed to be reported to us. However, we found action had been taken to seek medical attention for the fracture and to manage the risks of this happening again.