

Ashby Court Limited

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took on 25 April 2018. At the last inspection in March 2016, the service was rated 'Good'.

At this inspection we found the service remained good. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ashby Court Limited is a sheltered housing complex which provides domiciliary care, and supports 45 older people who live in their own flats. At the time of inspection, only 4 people were receiving personal care. Not everyone using Ashby Court Limited received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Where the provider took on the responsibility for the management of medicines, staff followed best practice guidelines. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. The staff supported people to book health appointments when required, to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had their privacy, dignity and confidentiality maintained at all times. The provider followed their

complaints procedure when dealing with complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line with best practice. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Ashby Court Limited

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 comprehensive inspection took place on 25 April 2018 and it was announced. The provider was given 48 hours' notice, because the service provides a domiciliary care service and we needed to ensure someone was available to facilitate the inspection.

One inspector conducted the inspection.

Prior to the inspection, we asked the provider to complete a Provider Information return (PIR). The PIR 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 took this information into account when inspecting.

We planned for the inspection using information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law. We also contacted the local authority for any information they had on the service.

During the inspection, we visited and spoke with two people that received personal care from the service in their own flats. We spoke with two care staff, the duty manager, and the registered manager.

We reviewed the care records of three people using the service and three staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service, such as quality audits, rotas and training information.

Is the service safe?

Our findings

People told us they felt safe. The people we spoke with lived in self-contained flats that were part of a sheltered housing complex that always had staff present. One person told us, "I just get one visit per day for a bit of help, but I know I can call for help if I needed it as someone is always around downstairs. I feel very safe here indeed." The staff we spoke with were comfortable working within people's homes and understood the environment and potential hazards.

Staff understood their responsibility to keep people safe, and how to follow safeguarding procedures. One staff member told us, "I have never had to report any concerns, but I would speak with the manager if I did. I know she would escalate it properly. I would contact the police if it was serious." We saw that staff were trained in safeguarding procedures.

Individualised risk assessments had been created for each person, to manage any risks that may be present. Staff we spoke with all felt the risk assessments were clear and detailed, and helped them to support people safely. One staff member said, "The people we support are all very able, and personal care is minimal. There are few risks, but they are assessed properly and everyone is safely cared for." Risk assessments in place were up to date.

Sufficient numbers of suitable staff were available to keep people safe and meet their needs. One person said, "I have never had a missed visit. They always come. This facility is staffed 24/7, so I know I can call upon help." We saw rotas which showed that staffing was consistent and confirmed that people received care at the times they wanted.

People's medicines were managed safely. We saw one person's medicine administration record (MAR) and saw that it was accurately filled in. The people we spoke with were happy that the staff provided the support they needed with their medication. Staff confirmed they were trained to administer medication, and records we looked at confirmed this.

Staff had completed training in health and safety matters to ensure they were up to date with the most recent guidance to keep people safe. Training also took place, to ensure staff followed infection control practices. Staff told us they always had access to personal protective equipment such as gloves and aprons when personal care was being provided.

The staff at the service understood how to record and report incidents, and used information to make improvements when necessary. We saw that meetings were held and updates were given to staff to discuss and learn from anything that went wrong. Staff we spoke with confirmed that communication from management was good and actions were taken to make any necessary improvements promptly.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. Pre assessments of people's needs were carried out before care was delivered to ensure the care that could be delivered was appropriate to their needs. Staff gave us examples of how they worked with people in a way which promoted their freedom and ability to express their own identity. One staff member said, "Everyone is assessed for the care they need, and we respect everyone's rights."

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. All staff received an induction training package before starting work which included safeguarding training, infection control and manual handling. Staff confirmed they shadowed more experienced staff when working with people to fully understand their needs and get to know people. Continued training was available to staff which was monitored and updated as required.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. The people we spoke with were able to purchase and prepare food themselves most of the time, but knew they could ask staff for support when required. One person told us, "The manager has helped me out when I have been short of milk or bread, but mostly I sort out the food myself." All staff had a good knowledge of the preferences and requirements people had with food and drink.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that all of the people they supported were able to access the support of other agencies themselves, or with the help of family members. However, at times they had been able to step in and support people and family members with care arrangements. This included liaising with social workers and health professionals if required.

People using the service were able to manage their own health care needs and appointments with health professionals, but said they could get support from staff to make appointments if they needed to. The registered manager confirmed that they had supported people to make appointments in the past, but currently everyone was managing their own health needs. People's health conditions were documented within their files and staff had a good knowledge of the type of support people needed with their on-going health.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2005, and observations made during the inspection confirmed staff sought consent before providing care or support to people.

Is the service caring?

Our findings

People were treated with respect, and staff were kind and caring in their approach. One person told us, "I get on very well with the staff, they are like a second family to me really." Another person said, "They are all very respectful, I'd soon say something if I thought they weren't." The staff we spoke with said they were able to consistently support the same people and build positive relationships.

People told us they were involved in their own care. The people we spoke with told us that the care they received was minimal, but completely controlled by them. A staff member said, "If [name] doesn't want help with a wash, then we don't do it, it's that simple." We saw that care plans were regularly reviewed and changed when required, and outlined the way in which people wanted to receive care. People's choices in relation to their daily routines and activities were listened to and respected by staff. People told us that staff treated them as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner.

Staff treated people with dignity and respect. One person said, "Absolutely, they are always respectful." We observed that staff knocked on people's doors before entering their flats, and were conscious to make sure people were happy for them to enter and talk to them. Confidential information about people was stored securely and only shared with the appropriate people when required. All the staff we spoke with understood the requirement to keep people's information private, and understood the principles of data protection.

Is the service responsive?

Our findings

People received care that met their individual needs. Before people moved to the service they received an assessment to ensure their care needs could be met. The registered manager told us, "We carry out a full assessment to work out what needs they have. It has to be right for them, and it has to be right for us." The assessment and care planning process considered people's values, beliefs, hobbies and interests. One person we spoke with said, "The staff know me very well and understand what I need. I like to have a chat and find out about their family and what's been going on, and they ask the same about me, we are very friendly."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that they were able to provide people with a large font print for documents as and when required.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any complaints but would do so if needed. No complaints had been made, but we saw that the service followed a complaints policy, which outlined how complaints would be recorded and responded to promptly. The registered manager told us that information from complaints would be fed-back to staff when required, so that learning and development could take place.

No end of life care was delivered by the service, but people could be supported to make decisions about their end of life arrangements if required.

Is the service well-led?

Our findings

A registered manager was in post. 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.

The service was open and honest, and promoted a positive culture throughout. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "There is always a duty manager at hand should we need anything. All the management are very approachable and helpful." There were several duty managers in post who took on management responsibilities alongside the registered manager, and supervised staff members.

The people that use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. We saw that feedback was gained from people about the service they received. We saw that their answers were recorded and actions created when necessary to respond to any concerns. The people we spoke with felt the management of the service were open and approachable, and they could feedback to them as they required and received a prompt response.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. This included checks on people's emergency alarms, daily welfare checks, checks on the environment, and care documentation. A senior manager from the provider conducted regular checks and documented the results for the registered manager to take actions as required.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The latest CQC inspection report rating was on display at the service and on the provider website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. The registered manager told us that as people were self-funding, and mainly very independent, there was not a lot of requirement to liaise with the local authority or other health and social care professionals on a regular basis. The registered manager said that they had supported people and their families when their needs had increased, to access other care and support, which included other care agencies.