

Prime Life Limited

Stoneygate Ashlands

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

About the service

Stonygate Ashlands is a residential care home providing personal care to up to 37 people. At the time of the inspection, the service was supporting 31 people.

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

People and their relatives told us they continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored and administered safely.

Staff were provided with sufficient training which was kept up to date. Staffing support matched the level of assessed needs within the service during our inspection. People told us there were generally enough staff, and call bell logs we saw showed that people were responded to promptly.

Staff acknowledged there had been several changes in management, but told us they were supervised well and felt confident in their roles.

People had mixed feedback on the quality of the food, but told us they had a good choice and had snacks and drinks as they required.

Healthcare needs were met, and people had access to health professionals as required. People's consent was gained before any care was provided. 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.

Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible. Care plans reflected people likes, dislikes and preferences.

An activities programme was in place and activities staff were deployed throughout the home on a daily basis.

People and their families were involved in their own care planning as much as was possible. A complaints system was in place and used effectively.

There was not a registered manager in place. The management team were open and honest, and worked in partnership with outside agencies to improve people's support when required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 08 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Stoneygate Ashlands

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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

Stoneygate Ashlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. They were recruiting for this position at the time of inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff and the regional support manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they received safe care. One person said, "I do feel safe. There are always staff around, they always look in on me."
- Staff were aware of the signs of abuse and said they would report any concerns to the manager or deputy manager. In addition, they knew how to raise concerns with external agencies.

Assessing risk, safety monitoring and management

- Risks present within people's lives had been assessed and documented, to ensure staff understood how to support people safely. This included assessments for falls, choking, oral health and skin care.
- Regular checks took place on any equipment in use for people's safety. Fire safety checks including emergency evacuation procedures were documented.

Staffing and recruitment

- There were enough staff on shift to meet people's needs. One person told us, "There's always staff around, it's always the same at weekends". Another person said, "I use my bell during the day and at night, they are pretty quick. The night staff are good."
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were stored in line with best practice guidelines, administered safely, and in a way which respected people as individuals. Records supported the safe administration of medicines.
- People we spoke with felt their medicines were administered safely, and in the way they wanted.

Preventing and controlling infection

- Most areas of the service were clean, tidy, and odour free, however, there was a strong odour in an upstairs corridor. The manager told us they were aware of the issue, and needed to replace a person's flooring in their room, to ensure it could be cleaned properly. We saw a service improvement plan which documented this work was due to take place.
- Staff had received training in how to keep people safe from infection and used protective equipment such as gloves and aprons appropriately. Staff knew how to care for people with infections to reduce the spread of illness to others in the home.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record any accidents and incidents. These were analysed to establish how and why they had occurred. Learning from incidents or events was shared with staff, so they could minimise risk.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We received mixed feedback from people regarding the hot food provided to them at lunchtimes. Some people enjoyed the food, but others thought that improvements should be made. Some comments we received were, "The food isn't all that good I would prefer my own food", "I don't like the dinners, they are horrible. It comes from central kitchens. I go out and get something from the shop for lunch instead," and "The food is better than it was, it needs improvement." The manager told us hot food was prepared off site, and brought in to the home to be served. This had caused some problems with the quality of the meals. A review of the catering service was already being put together, to address the issues and make improvements as soon as possible.
- We observed the lunchtime period throughout the home, and saw that people were offered the support they required to eat and drink.
- People's dietary needs and preferences were documented within their care plans, and staff had good knowledge of each person's requirements.

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

- Assessments were completed to ensure people's needs could be fully met, before they moved into the home. The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies. Systems to assess people's risks were based on best practice guidance.
- Care plans were detailed for each identified need people had, and staff had good knowledge of each person and how to deliver their care and meet their needs.

Staff support: induction, training, skills and experience

- Staff told us they felt well supervised in their roles, and regularly spoke with management when they needed to, however, we found that supervision records were not always kept. There had been several changes in management, and records of formal supervision had not been created to document how staff were being supported. The manager told us this would be rectified immediately.
- Staff were suitably trained to carry out their roles. One staff member said, "I have never been asked to do anything I wasn't trained for." All staff were given an induction training package which included the Care Certificate. The Care Certificate is a qualification which covers the basic requirements to work in care.
- Ongoing training was provided to ensure staff knowledge remained up to date. This included any specialist training that staff required to support people, such as training to support people who had epilepsy.

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

- The environment met people's needs, and was accessible for people and relatives to use. People's rooms

were personalised to their own tastes.

- Outdoor garden space was available for people to access as they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the support they needed with healthcare. One person told us, "The senior staff gets the doctor if I need one. Chiropodist comes regularly and the optician." People's care plans included information on their health and social needs.
- Records confirmed that people saw medical professionals as required.
- Staff were vigilant about any changes to people's health and wellbeing and ensured they received timely support from health professionals.

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 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 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, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Processes were clearly documented.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 felt well cared for. One person said, "They [staff] are all very respectful to me, never shout". Another person said, "We are encouraged to look after ourselves, I know all the staff, I like them".
- Our observations during the inspection were that staff treated people with kindness and respect. Staff we spoke with were focussed on promoting each person's independence, and encouraged them to do things for themselves when they could.
- Staff had good knowledge of the people using the service, their background and culture, and treated them with care and respect.

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

- People living at the home said staff took the time to get to know them and their likes and dislikes. People were supported to make decisions about their lives.
- People and relatives told us they felt involved in making decisions about their care. One person said, "Yes I feel involved in decision making. The staff are very considerate and ask me what I want."

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt their privacy and dignity was respected, and their independence was promoted. One person said, "I used to have a staff member to help me shower but now I do it myself. Been doing it for about four years". Another person said, "It's quite dignified here. I have a shower whenever I like, not every day".
- Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept secure and protected so they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that was personalised to their needs. A staff member told us how one person had been supported with activities, "[Name's] family don't come and see them much, and they get very sad about this. They were isolating themselves and sleeping a lot. I really encouraged them to get involved with some exercise activity. They ended up really enjoying it and it has brought their spirits up a lot. They are now really looking forward to activities."
- Various activities were on offer that were run by staff. One person said, "We have bingo. A musician comes. Ladies come and do mats (exercises). I think that's enough. A fortnight ago we went out to the pub, fifteen of us went. I had a lager, some had brandy".
- Care plans we looked at detailed people's specific care needs, choices, personal history and preferences. Staff we spoke with had a good knowledge of the people they worked with, and regularly provided support to the same people within the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager we spoke with was aware of this requirement, and we saw that information was available for people in different formats as required.

Improving care quality in response to complaints or concerns

- People we spoke with were aware of how to make a complaint, and felt their issues would be dealt with by staff and management.
- A complaints policy and process was in place. We found that not enough detail was always recorded to document what the complaint was, and what actions were taken. The manager told us that more detail would be recorded in future.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The manager was aware of what was required to provide effective end of life care. People's future care arrangements had been documented where appropriate. This included arrangement for funerals any special instructions. For example, what

songs a person wanted played at their funeral.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was visible in the home and the people we spoke with knew who the manager was and would be happy to raise a concern with them. One person said, "It seems well managed, there is a stand in manager at the moment". Another person said, "The atmosphere is alright, everyone is very friendly."
- Staff felt well supported and were positive about the service and the way it was being run. One staff member said, "We get good support, the senior is very approachable. Things are ticking over, the manager is here every day." Another staff member said, "Good support from staff and management, it's a really nice environment to work in."

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 management and staff maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The management understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns. Also, the manager sent us notifications about events which they were required to do by law.

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

- The service did not have a registered manager in place, but was being covered by a regional support manager. Interviews for a new registered manager were taking place on the day of our inspection, and the regional support manager said they or another manager within the home would register, should their recruitment not be successful.
- Staff were all clear about their roles and responsibility and were positive about the care the service offered to people. One staff member said, "We all work really well as a team, there are times when it's short. But we get on fine."

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

- People living at the home and their relatives had been invited to give their views of the care they received. For example, through residents' and relatives' meetings and surveys. One relative told us, "I think it's a very good home. We have surveys, they come around occasionally".

- Staff felt able to express their views during staff meetings and the manager used the meetings to discuss any concerns raised and share any lessons learnt with staff.

Continuous learning and improving care

- Quality audits were carried out across the service, and these had picked up on areas that required attention and improvement, for example, the flooring in a person's room, the quality of the food, and recruitment of staff. The provider carried out information sharing meetings across several homes, to share lessons learnt, for example, how improvements had been made in other homes with environmental audits, fire safety audits, and recruitment practices.

Working in partnership with others

- The provider worked collaboratively with health and social care professionals to ensure that people received care which met their needs. This included working alongside the local authority who funded some people's care, in improving areas within the service.