

Akari Care Limited

Ashfield Court

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?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 26 June and 3 July 2018. The first day of inspection was unannounced and the second day announced. When we last inspected the home, we found the provider had breached the regulations relating to person centred care, safeguarding people from abuse and good governance. This was because some night staff raised concerns about a lack of personalised care for people, such as an expectation that people living with dementia had to be up and dressed early. Some night staff raised allegations of a safeguarding nature in the past that hadn't been dealt with. Other staff felt they weren't able to raise concerns openly. We also found the quality assurance processes in the home had not been effective in dealing with these matters. We rated the home as Requires Improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe, effective, caring, responsive and well-led to at least good. We found progress had been made and the provider was now meeting these regulations.

However, we also found the provider had breached a further regulation relating to safe care and treatment. Care plans were out of date and no longer reflected people's needs. In some cases, the required care plans were not in place. This meant staff did not have access to the guidance they needed to ensure people received care that met their needs and kept them safe.

You can see what action we have asked the provider to take at the back of the full version of this report.

Care plans were often not personalised or written in a dignified manner. Care plan evaluations lacked meaningful information and were repetitive. We have made a recommendation about this.

Ashfield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashfield Court accommodates up to 46 people across two separate units, each of which have separate adapted facilities. At the time of our inspection there were 46 people living at the home some of whom were living with dementia.

The home had a registered manager. 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, relatives and staff gave us good feedback about the registered manager and their management of the home.

The provider's systems for monitoring the quality of care plans and other care records had not been effective in identifying and dealing with the issues we found. Records confirming the care people had received from staff were not completed accurately. This included records where people required regular positional changes to protect their skin and to monitor their food and fluid intake.

People and relatives gave us positive feedback about the care provided and the kindness of the staff team. Throughout our visits we observed caring interactions between people and staff.

People, relatives and staff told us the service was safe. Staff had a good understanding of safeguarding and the provider's whistle blowing procedure. Staff said they had no concerns about people's safety but knew how to raise concerns if needed.

There were enough staff on duty to assist people in a timely way. Staff confirmed told us staffing levels were sufficient and there was a visible staff presence around the home when we visited. The provider had effective recruitment checks to ensure only suitable staff worked at the home, such as Disclosure and Barring Service (DBS) checks and requesting references.

As with our last inspection medicines were managed safely. Accurate records were kept confirming which medicines people had received.

Health and safety checks were up to date. We noted action had been taken to address recommendations made following the most recent fire risk assessment. Procedures were in place to ensure people were kept safe in an emergency.

People's needs had been assessed both before and after admission to identify their care needs.

Staff told us they were well supported and received the training they needed. Supervisions, appraisals and training were up to date.

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 received the support they needed to ensure they had enough to eat and drink. People were supported to access health care services when required.

People and relatives gave us positive feedback but knew how to raise concerns if needed. Previous complaints had been fully investigated in line with the provider's procedures.

People, relatives and staff described the home as having a warm and friendly atmosphere. There were opportunities for people and staff to give feedback about the home, through attending meetings or filling in questionnaires.

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 was safe.

People, relatives and staff felt the service was safe.

Staff showed a good understanding of safeguarding and whistle blowing procedures including how to report concerns.

Staffing levels were sufficient to meet people's needs. Effective recruitment processes were followed.

Medicines were managed safely.

Health and safety checks were completed regularly.

Is the service effective?

Good ●

The service was effective.

Staff received good support and the training they needed.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People were supported with their nutritional and health care needs.

Adaptations had been made to meet the needs of people living with dementia.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff provided good care.

We observed staff were kind and caring when they interacted with people.

Staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some care plans did not reflect people's current needs or were missing, this was being addressed following a recent audit.

Care plan evaluations were not insightful and often repetitive.

Complaints were addressed in line with the provider's complaint procedure. People and relatives knew how to complain if needed.

Is the service well-led?

The service was not always well led.

Systems to check on the quality of care records including care plans were not effective.

Some records had not been completed in line with the provider's expectations.

People, relatives and staff gave good feedback about the registered manager.

We found the home had a warm and friendly atmosphere.

There were regular opportunities for people and staff to share their views about the home.

Requires Improvement 

Ashfield Court

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 took place on 26 June and 3 July 2018. The first day was unannounced and the second day announced. One inspector carried out the inspection.

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. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with four people and four relatives. We also spoke with a range of staff including the regional manager, registered manager, one senior care worker and two care workers. We reviewed a range of records including four people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the home.

Is the service safe?

Our findings

When we last inspected Ashfield Court the provider had breached the regulations relating to safeguarding people from abuse and good governance. We also had concerns about staffing levels and made a recommendation about this. We concluded the home was not always safe and rated it 'Requires Improvement'. This was because night staff told us about safeguarding concerns linked to people's care and treatment. They also told us they had not always raised these with management as they felt no action would be taken. Following the inspection, we reported these concerns to the local authority safeguarding team. Incidents had not always been reported and investigated. One person assessed as being at risk of falls did not have a care plan to help ensure they received the appropriate support. We received mixed feedback from people, relatives and staff about the number of staff deployed at the home.

Following this inspection, we found improvements had been made. As a result, we have changed our rating to Good.

Staff did not raise any concerns about the service. They had a good understanding of adult safeguarding and the provider's whistle blowing procedure. They said they did not have any concerns about safety but would not hesitate to raise them if they did. One staff member commented, "I haven't used it [whistle blowing procedure] but I would use it if needed. I would go to the senior or the deputy manager or the manager. If nothing got done I would report it higher if I needed to." Another staff member said, "Oh yes, I would use it straightaway. I would go to [registered manager]. If it didn't get resolved I know I could go to the area manager. It wouldn't get that far though, it would get dealt with."

People and relatives told us Ashfield Court was a safe place. One person commented, "They are watching you all the time [to make sure you are safe]." One relative said, "Overall I don't have any problems. Certainly not with safety. If I wasn't happy [relative] wouldn't be here." Another relative told us, "Oh yes, it is safe."

Staff also felt the home was safe. One staff member said, "Yes, it is safe. We do hourly checks, we check all the sensor mats. We work as a team." Another staff member said, "I think it is safe. There are no issues with safety."

People and relatives said there were sufficient staff deployed to assist people in a timely manner. One person said, "There are always some staff in here (communal lounge)." We observed that staff were very visible around the home and on hand to assist people when needed.

Staff also felt staffing levels were appropriate. One staff member said, "There are plenty of staff really. There is no problem with staffing." Another staff member told us, "They [staffing levels] are alright. There are times when we are short and cannot get cover but we are usually well staffed. We can still meet people's needs." A third staff member commented, "We manage well enough to meet people's needs. We have a minimum level [of staff] that we cannot go below."

The provider operated an effective system for recruiting new staff. A robust interview and selection process

was in place. This included carrying out pre-employment checks with the Disclosure and Barring Service (DBS) and receiving references from previous employers. DBS checks help employers make safer recruitment decisions as they are used to complete a criminal record and barring check on individuals intending to work with children and vulnerable adults. Where disciplinary procedures had been commenced, staff files showed a thorough investigation had taken place and actions completed as agreed.

The provider continued to manage medicines safely. Staff administering medicines had completed relevant training and their competency had been assessed. Medicines were stored securely and checks were made of the storage facilities. Medicines administration records (MARs) accurately accounted for the medicines staff had given to people. Non-administration codes were used where medicines had not been given.

Staff had a good understanding of how to support people who displayed behaviours that challenged others. They described the individual strategies that worked best for each person, such as offering reassurance and distraction. For example, they told us some people liked to have a cup of tea, whilst for other people having quiet time or listening to music worked best. Staff told us these strategies were usually effective. We observed staff using these strategies to good effect.

The provider carried out regular health and safety checks. These helped ensure the premises and equipment were safe to use. For example, checks of the fire, gas and electrical safety systems. Risk assessments had been completed for areas like fire safety, Legionella and the use of hoists and wheelchairs with actions identified to reduce any identified risks. Additional safety equipment had been ordered as recommended in the most recent fire risk assessment and was delivered whilst we were completing this inspection. People had personal emergency evacuation plans (PEEPs) to help ensure they received the correct support in emergency situations.

The home was clean and well maintained. One person said, "They are always at it [cleaning communal areas] and your room. You get out of bed and your room is always tidied up. We want for nothing." One relative commented, "They are always cleaning. If there is the odd accident, it is dealt with immediately." Another relative told us, "It came out top for the environment (from the other homes viewed)." Staff followed good infection control techniques such as washing their hands and using personal protective equipment (PPE) appropriately. One staff member commented, "We have hand gels and wear gloves. These are always available, aprons as well."

There were good systems in place to monitor incidents and accidents in the home. We viewed the falls log which showed accidents had been analysed to check the correct action had been taken to help keep people safe. Action taken included increased observations, medical assistance when required and referrals to a specialist falls team.

Is the service effective?

Our findings

When we last inspected Ashfield Court the provider had breached the regulation relating to good governance. We concluded the home was not always effective and rated it 'Requires Improvement'. Some staff raised concerns about incorrect moving and handling procedures not being followed. Some night staff said they did not always feel supported. We also found no evidence of supervisions or appraisals having taken place regularly. Mental capacity assessments and best interest decisions were generic and were not related to specific decisions. This meant it was not clear what decisions staff could make for some people. Some forms of restrictive practice were in place to help keep people safe, such as sensor mats and door alarms. We found limited evidence staff had followed the Mental Capacity Act when these decisions had been made. Mental capacity assessments were not completed for all specific decisions.

Following this inspection, we found improvements had been made. As a result, we have changed our rating to Good.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. DoLS authorisations had been approved for relevant people. The registered manager maintained a DoLS matrix which showed when DoLS authorisations needed to be renewed to ensure they remained valid. We saw examples of MCA assessments and best interest decisions, such as where people were unable to consent to their stay at the home.

Staff had a clear understanding of the implications of the MCA. They described how they supported people to make their own decisions. For example, finding out from families what people used to like and showing them things to choose from, such as items of clothing. One staff member said, "We give people a choice. I pick up two tops and say, 'Which one do you want to wear today?'" Another staff member told us, "We show them outfits to choose from, we do the same with meals."

People's needs had been assessed before and on admission into the home. This was used to both determine whether the home could meet people's needs and as a baseline for agreeing people's care needs. The assessment covered a range of areas related to care and people's preferences, as well as any specific social, religious or cultural needs.

People and relatives gave positive feedback about the meals provided at the home. One person

commented, "Good meals, they make too much. You're not limited [for choices]. You just have to say I fancy this or that and it is there the next day for you." Another person said, "Oh we do get well fed." A third person commented about their lunch that day. They said, "It was lovely, you always get a good meal." We saw staff regularly went around offering people drinks and snacks to help ensure they had enough to eat and drink.

Staff were attentive to people's needs. For example, one staff member suggested pushing a person's chair nearer the table as they looked like they were having difficulty reaching their food. For another person, staff intervened with prompts and encouragement to good effect to encourage them to eat. We observed over the lunchtime that people were supported sensitively to meet their nutrition and hydration needs. People commented about their lunch as they left the dining room. These comments included, "That was nice", "It was lovely" and "That was great".

Staff told us they were well supported and had access to training opportunities relevant to their role. One staff member said, "I feel supported, from other carers, seniors and management. My supervision and appraisal were done a couple of weeks ago." Another staff member told us, "I can go to [registered manager] or [deputy manager] anytime. I have no concerns with training. I have just done diabetes training last week."

People were supported to access health care services when needed. Care records showed regular input from professionals such as GPs, community nurses and speech and language therapists. Where people had been identified as being at risk, staff contacted professionals for additional advice. For example, a speech and language therapist had assessed one person who was having difficulty swallowing when eating and drinking. We noted when we reviewed this person's care plans that the SALT recommendations had been incorporated to guide staff.

Is the service caring?

Our findings

When we last inspected Ashfield Court the provider had breached the regulation relating to person centred care. We concluded the home was not always caring and rated it 'Requires Improvement'. We found staff were assisting people out of bed early because of an expectation by day staff rather than it being people's choice.

Following this inspection, we found improvements had been made. As a result, we have changed our rating to Good.

We found no evidence of people having to get up early. People told us they chose how to spend their time. One person commented, "You have time for yourself to do what you want to do. They are very, very good. If you want to go to bed you just tell them."

People and relatives gave positive feedback about the care provided at the home. One person said, "It is like home from home." Another person said, "We are well looked after here." A third person told us, "It's a nice place." One relative commented, "The majority [of staff] are caring. If they weren't I wouldn't have [family member] here. [Family member] is cared for in a way you couldn't do it yourself." Another relative told us, "Staff are good, they are caring. They are all great. I would give it a good eight [out of ten]." A third relative said, "[Family member] is in the best place, I wouldn't move them from here."

People said staff were helpful and kind. One person told us, "If they can help you they will, very good. I have never had any problems with them [staff] at all. They are nice, they are good fun." Whilst spending time in the lounge we overheard people chatting and making positive comments. One person commented, as a staff member went past, "She is a smashing lass her." A third person told us, "Everybody is friendly." One relative said, "They are all quite willing [to help]." A fourth person said, "The staff are good." One relative said, "The staff are very friendly, they talk to people all the time."

Throughout our inspection we observed positive interactions between people and staff. On one occasion we saw a staff member supporting one person to walk into the lounge. They were very patient and walked at the person's own pace. They said, "Do you want to sit here with [person]." The person said yes and we heard the staff member say, "I will get you a drink." We saw another staff member offer to get a cushion for one person as they looked uncomfortable. They then took time to ask the person if they were okay and needed anything.

Is the service responsive?

Our findings

When we last inspected Ashfield Court the provider had breached the regulation relating to person centred care. We concluded the home was not always responsive and rated it 'Requires Improvement'. Night staff raised concerns about certain staff practices which did not demonstrate that care was personalised to meet people's specific needs and preferences. For example, waking people early to get them up and dressed and keeping a "bath list" for people to be bathed early in the morning. Care records did not contain information about people's background and life history. None of the relevant documents had been completed in people's care records. We had concerns about the social needs and inclusion of one person who was mostly cared for in bed.

Following this inspection, we found some improvements had been made but more were still required. As a result, we concluded the home remained Requires Improvement.

There was a concern people would not receive the care they required as care plans did not always reflect people's current needs, lacked detail or in some cases were not in place. We reviewed the care records for four people and found most of the care plans had been written in 2015. Monthly evaluations had been completed consistently and had identified changes in people's needs. However, the corresponding care plans had not been updated. For example, one person had fallen three times since their mobility care plan had been written. Practical steps had been put in place to keep them safe but their care plan had not been updated accordingly. A care plan had not been written for another person whose risk of skin damage had increased. Other care plans lacked the level of detail to ensure people consistently received the care they needed. For instance, where people could experience anxiety or agitation, care plans did describe the strategies that were most effective in these situations.

People's care plans were not always written from a positive or dignified perspective, especially for people living with dementia. For example, one person's care plan for supporting the person with behaviours that challenge used outdated language and was written in a negative way. For example, it referred to the person as 'suffering' from dementia. It also referred to the person as displaying 'unacceptable behaviour' and 'not listening' when staff told them to stop. However, our observations were much more positive as we saw staff always treated people with dignity and respect. Staff described how they provided care in ways which promoted dignity and independence. This included talking to people to make them feel at ease, keeping them covered up as much as possible and encouraging people to do as much for themselves as they were able.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives described how the provider was always looking at ways of improving people's care. One relative said, "If they think of anything that would help they are on the phone saying would you mind [if we tried this or that]." They went on to tell us how measures had been put in place to keep their relative safe, such as a crash mat on the floor, sensor mats and moving the bed against a wall. Another relative told us, "I am really

happy, the slightest thing they are straight on the phone to let me know. They don't keep things quiet."

Relatives were aware their family member had a care plan and they had been involved in discussing the care provided. One relative told us, "I have been involved in care plans."

People had opportunities to take part in a range of activities. One person told us, "There is something going on every day. We get to play games." One relative said, "[Activity co-ordinator] does a cracking job. She does do a lot for the residents, indoor games, chair aerobics, time outside, gardening, arts and crafts and a coffee morning." Another relative commented, "They put themselves out [to make sure there was enough going on]." One staff member commented, "We have a laugh and carry on with the residents."

People and relatives gave mostly positive feedback about the home. They told us they knew how to complain if required. People said they would speak to staff or management if they had any concerns. One relative said, "If there was anything [of concern] I would see someone. They would usually ring me anyway. I know about the complaints procedure." Another relative commented, "I have no complaints, I am more than happy. I am pleased [relative] has got in." Relatives told us concerns they had raised previously had been dealt with. One relative commented, "They dealt with things fine." The provider's complaint log showed previous complaints had been fully investigated and corrective taken to resolve the issues raised. The log also included a section for staff to record the complainant's views about the outcome of their complaint.

Is the service well-led?

Our findings

When we last inspected Ashfield Court the provider had breached the regulation relating to good governance. We concluded the home was not always well-led and rated it 'Requires Improvement'. Audits and checks were ineffective and had not highlighted the issues identified during the inspection. Some staff said they felt unable to raise concerns. There was a lack of an effective system to develop, monitor and review staff practices and behaviours. We identified shortfalls in the quality and accuracy of some care records.

Following this inspection, we found some improvements had been made but more were still required. As a result, we concluded the home remained Requires Improvement.

Some daily records, intended as a way of showing the care staff had provided to people, were not always fully completed. For example, records to show how much people had eaten and drank, positional changes for people with reduced mobility and personal care people had received. This meant it was not always possible to gain a full understanding people had received the care they needed. The regional manager immediately implemented a system to ensure these checks were completed accurately moving forward.

Since our last inspection the home had a new registered manager. People, relatives and staff told us they found the registered manager visible and approachable. One person said, "[Registered manager] often comes around to check. She is a nice woman." One relative told us, "[Registered manager] is fine, approachable. One staff member commented, "[Registered manager] is always very helpful. She is really good to me, she looks after me." Another staff member told us, "The registered manager is friendly. If I needed to I could talk to her." A third staff member said, "It is run very well."

People, relatives and staff described the home as having a positive atmosphere. One relative said, "The home is comfortable and friendly." Another relative told us, "The home is nice, light and airy." One staff member commented the atmosphere was "relaxed, homely, nice and pleasant". They said, "Everyone gets on and helps each other."

There were regular opportunities for people, relatives and staff to share their views about the home. We viewed the minutes from previous meetings which showed these were used as a way of sharing information. For example, people had discussed activities, meals and future plans during recent meetings. Staff meetings had been used as an opportunity to remind staff of expectations, such as ensuring care is provided in line with people's preferences as much as possible. Questionnaires had recently been issued to people to gather their views about the home.

There was a structured approach to quality assurance. We found a range of checks were in place including infection control, medicines and health and safety. These showed a high level of compliance and where issues had been identified an action plan was developed. The systems for checking the quality of care plans and supplementary records required further improvement as the quality of these records was not as expected. The provider had employed a new regional manager to oversee the home. They had completed

their initial audit of the home which they shared with us after our inspection visits. The regional manager had identified that care plan audits had lapsed and had instructed these to start up with immediate effect. In addition, the home had an on-going development plan which was updated as actions were completed or new issue were identified. The issues we identified with care records were included in the action plan with timescales to address issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's care was not always planned in such a way as to protect people from potential risks to their safety.</p> <p>Regulation 12(2)(b).</p>