Ashleigh Residential Home Limited

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Inspection report

15 Gladstone Road
Chesterfield
Derbyshire
S40 4TE
Tel: 01246 235162
Website: www.ashleighresidentialhome.co.uk

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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

Overall summary

This was an unannounced inspection that took place on 25 September 2015.

Ashleigh Residential Home is a care home with accommodation for older adults, some of whom may have 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 and associated Regulations about how the service is run.

People and their relatives thought a good service was provided, they enjoyed living at the home and there was

Summary of findings

enough staff to meet their needs. The staff team were friendly, caring, attentive and provided the care and support they needed in a way they liked. People found the home's atmosphere was relaxed and enjoyable.

Records we looked at reflected people's needs and wishes and were kept up to date. Staff had read and understood them. People and their relatives were encouraged to discuss health needs with staff if they wished and they had access to community based health professionals, as required. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People said there was a variety of well-presented meal choices, the quality of the food was good and it was the type of food they liked.

There were thorough staff recruitment processes in place that records showed were followed. The staff were knowledgeable about the people using the service and their likes, dislikes, wishes and needs. Staff had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. They said they were well supported by the management team who were approachable and easy to talk to. People and their relatives said they felt comfortable talking with the management team, who were responsive to their views and encouraged feedback from people. We saw that the provider consistently monitored and assessed the quality of the service provided.

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.

People said they were safe. There were effective safeguarding and risk assessment procedures that were followed. The provider had appropriate numbers of well-trained and appropriately recruited staff.

People's medicine records were up to date. Medicine was audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

Care and support was delivered by staff who were trained to meet their needs effectively.

People received support from appropriate health and social care professionals. People received nutrition to meet their needs.

The provider protected people's rights by following the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care.

Staff provided support in a kind, professional, caring and attentive way. They were patient and gave continuous encouragement when supporting people.

Good

Is the service responsive?
The service was responsive.

People had their support needs assessed and agreed with them and their families.

People chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided.

Complaints were responded to and investigated and changes made if the need was highlighted.

Good

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

The provider promoted a positive culture within the home that was focussed on people as individuals.

People were enabled to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the registered manager and management team.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good

Ashleigh Residential Home 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 25 September 2015.

This inspection was carried out by one inspector.

We spoke with six people, two relatives, five staff, the deputy manager, the registered manager and the provider. We also spoke to service commissioners and other health care professionals such as district nurses.

Before the inspection, we considered notifications, these are ways the service keeps us informed on events that may impact on people, made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, were shown around the home and checked records, policies and procedures. These included staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people living at the home.

Good

Is the service safe?

Our findings

People and their relatives said they thought the service was safe. One person told us, “I have lived here for years and have never been nervous about anything.” Another person said, “I think there are lots of staff, there is always someone around.” Relatives told us they had never witnessed anything upsetting whilst visiting the home. If there was a problem it was dealt with straight away.

We saw that there was a current safeguarding policy in place, and information about keeping people safe from the risk of harm or abuse was available to staff. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff said, “Oh I know exactly what to do and would do whatever I had to do." Records showed that the registered manager had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these when required. This meant that staff were aware of their duty of care to protect people from the risk of abuse.

The staff shared information at the changeover between shifts. The registered manger had recently strengthened this process to ensure more detailed information was recorded and shared to ensure people’s safety. This included detailed information on changes in people’s mobility so that staff were aware of how to keep people safe from the risk of falls. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and said they would be comfortable using.

People’s care plans contained risk assessments that enabled them to take acceptable risks and enjoy life in a safe environment. There were risk assessments for all aspects of people’s daily lives that included health and social activities. The risks were reviewed regularly and updated when people’s needs and interests changed. The care plans also contained action plans to help prevent accidents such as falls from being repeated. This meant that staff were aware of the potential risks for people and to keep them safe.

There were general risk assessments for the home and equipment that were reviewed and updated at specified intervals. These included fire risks, hoists and other equipment used. The home was well maintained and equipment used was regularly checked and serviced. There was also an emergency evacuation plan in place so that staff knew to care for people in an emergency situation.

People were protected by the provider having thorough procedures in place to recruit staff. Discussions with staff and a review of six records showed that staff identity and security checks had been carried out before they stared working in the home. This included checks of their previous work and employment history. Disclosure and Barring Service (DBS) certificates had been obtained for all staff prior to starting to work in the home. Staff confirmed that they did not take up their employment at the home until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. This helped to ensure that only staff who were safe to work with vulnerable people were appointed.

People were protected from risk because the registered manager ensured there was sufficient staff on duty to keep people safe. Staff numbers were reviewed and adjusted at least monthly using a recognised staffing tool. This took people’s needs and wishes into account.

Staff thought there were enough of them to meet people’s needs. Our observations showed that people’s needs were safely met.

People had their medicines administered safely and as prescribed. Staff who administered medicines were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records were colour co-ordinated to denote different times of the day when medicine administration was required. The medicine for three people using the service was checked and found to be fully completed and up to date. Medicine kept by the home was regularly monitored at each shift handover and audited. Medicine was safely stored in locked facilities and the temperature of designated fridges where medicine was stored was regularly checked and recorded. Any medicine no longer required was appropriately disposed. This approach to administering medicines ensured people had their medicines as prescribed.

Good

Is the service effective?

Our findings

People were received effective care because staff had been trained to meet their needs. Staff we spoke with and observed were aware of people's specific needs and met those needs in a patient and friendly way. They maintained a comfortable, relaxed atmosphere that people told us they really enjoyed. Through the day we heard people laugh and joke with staff. One person said, "You know they are really very good, the girls really look after me." Another said, "Some staff are very young, they are so very kind and patient with us oldies." People said they made their own decisions about their care and support and that their relatives were also involved where appropriate. They said the type of care and support provided by staff was, "What they wanted and needed."

Staff had completed mandatory training and some were taking advanced qualifications in caring for people. New staff had an induction period and spent time shadowing experienced staff. The communication skills that staff used demonstrated that they knew people as individuals and understand the methods needed to understand people's immediate needs and make themselves understood by people. There was a training matrix that identified when mandatory training was due. There were staff training and development plans in place.

Staff received mandatory training in The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are legal protections which require independent assessment and authorisation when a person lacks mental capacity and understanding and need to have their freedom restricted to keep them safe. The manager was familiar with the process and understood the conditions which may require them to make an application to deprive a person of their liberty to protect them from potential harm.

The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Mental capacity was part of the assessment process to help identify if needs could be met. No one was subjected to a DoLS at the time of our visit. Best interests meetings were arranged as required and in accordance with the MCA. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves.

People said the food was, 'very good.' One person said, "You could spend the day eating if you chose." Another said, "The girls make sure we are well fed." People chose what they wanted for lunch from two options. Staff ensured they were happy with their choice before they served lunch. Lunch was served in an orderly and relaxed manner with each table being served at the same time to allow people to eat together. People ate their lunch with obvious enjoyment and staff chatted and encouraged people to eat. People who needed assistance with eating had this done discretely and in a manner that ensured they ate as much as they needed.

Drinks and snacks were available within easy reach of people. People who were at risk of poor nutrition were referred to appropriate health care professionals such as dieticians.

People told us that staff always checked what they wanted done before they started to deliver care. A person who needed a hoist to assist to move had the process explained in detail and staff waited until the person was ready and comfortable before they started the hoist. People said that they chose what to wear and how to spend their day. Some people chose to spend time in their room. Rooms were personalised and contained furniture and items that people had brought from home. This made rooms individual and homely.

Good

Is the service caring?

Our findings

People told us that the staff and management treated them with respect, dignity and compassion. The staff ensured people's needs were met and this was reflected in the care practices we saw. Staff were courteous, discreet and respectful at all times. People said given they could not be in their own home they enjoyed living here.

People said that staff listened to them and tried really hard to make sure they were comfortable and had what they needed for the day. This included glasses, hearing aids and reading material.

All the people we spoke with said staff were respectful to them and treated them in a dignified manner. One person said, "The girls are so lovely, so kind and caring." Another said, "They are so young, the world is a better place with such kind and caring girls." During the visit we saw numerous positive interactions with staff spending time engaging with people whenever they wanted a chat.

Staff respected confidentiality and had discreet conversations with people privately without other people listening to their conversations. Personal care was delivered behind closed doors and staff discreetly enquired if people needed to use the toilet. Staff were skilled, patient, knew people, their needs and preferences. They used open, positive body language, took their time and made an effort to ensure that people were happy, engaged and enjoyed themselves.

Staff involved people in discussions about their care. Care plans were developed with individuals and had been signed by themselves or their representatives. Staff practice we observed demonstrated they had a good understanding of caring for people with memory loss.

People and relatives we spoke with told us that friends and relatives could visit at any time. We saw a steady stream of visitors throughout the day. One relative told us, "There is no restriction on visiting. I come on my day off and sometimes spend the whole day here." Another said, "We can come any time during the day or evening." This meant that the provider understood the importance of family relations to people.

Good

Is the service responsive?

Our findings

People had their needs met in a timely manner. We were told that there was no waiting time, "If I ring my bell someone appears like magic." People had their care needs and wishes recorded in their care plans. Care plans were detailed and provided staff with specific information for staff on how to recognise and meet people needs and wishes. Staff we spoke with had read care plans and were able to tell us individual people's needs and wishes. We saw that care plans were reviewed on a monthly basis or more frequently if needed. Care plans were completed jointly with staff and the person or someone who knew them well such as their next of kin.

People were offered meaningful occupation of their choice. There was organised entertainment, usually on a monthly basis with an entertainer coming to the home. People were offered gentle exercise classes on a daily basis. This was popular with most people taking part. People were given the option on deciding the occupation they wanted to pursue. For example the local library called on a regular basis and offered, in addition to books, sensory objects for people. These included scent boxes and sensory boxes. These were very popular. Other people liked to go out into the community and where possible this was accommodated. Staff were proactive in including people in what they did. For example they considered all journeys they conducted outside the home such as going to the chemist and considered if it was possible for people to join them for a walk or a drive. This meant that staff understood the importance of keeping people connected with the community and life outside the home.

Throughout our visit people were consulted by staff about what they wanted to do and when. They were reminded of and encouraged to join in activities and staff made sure no one was left out. People were also encouraged to interact with each other as well as staff. The provider did not have an activities co-ordinator as it was felt better to encourage staff to take responsibility for this area of quality of life care. We saw that the system worked well. There was a weekly activities list. The activities included exercise class, reading, music therapy, arts and crafts, a visiting hairdresser, and conversation sessions.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints were fully investigated in full and where appropriate changes in process were made.

People and their relatives were invited and encouraged to attend regular meetings to get their opinions on how the home can recognise and meet people's needs and wishes. The meetings were minuted and people were supported to put their views forward. The people using the service and relatives meetings and food forums took place regularly. A result of these meetings was to invite the local mobile library to call to the home.

Good

Is the service well-led?

Our findings

The provider and registered manager had a clear vision and values that set out that people's care and support was the primary concern. Staff were aware of these visions and values, these included making the service as homely as possible and ensuring people knew it was their home. This was apparent throughout our visit. People, their relatives and staff told us there was an open door policy that made them feel comfortable in approaching the registered manager and the provider. One person told us, "Any problems whatever they are, [registered manager] is always around to chat about things and to sort them out."

There was a thorough quality assurance system in place to identify areas that required improvement and areas where the home was performing well. For example, the registered manager had a system in place for daily checks, weekly check and monthly checks of how the home was run and how people's needs and wishes were recognised and met. Daily checks included cleanliness of the home, the appearance of people and staff. Staff's training was monitored and care plans were assessed and updated to ensure they reflected people's needs and wishes.

The provider used a range of methods to identify service quality. Information from the home and relatives meetings, that included menu suggestions were monitored and compared with that previously available to identify that any required changes were made.

Surveys for people using the service, staff and relatives, concentrated on areas such as cleanliness, laundry, staffing, activities and dignity and privacy were conducted. Staff were asked for their opinions on how the service was managed and were invited to comment on how the service met people's care and welfare needs and wishes.

Staff said they felt included in how the home was managed and run. They said morale was high and that they were well supported by the registered manager, the deputy manager and the provider. Monthly audits included infection control, falls, pressure sores, number of (DoLS) referrals, care plans, risk assessments, the building and equipment. The medicine records were checked at the end of each shift. There were also shift handovers that included information about each person. This approach to managing the service helped to ensure problems were identified and addressed in a timely manner and showed a robust and effective assurance process was in place.