

Mrs Kathleen Mary Rhodes

# Ashmeade Residential Home

## 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

We carried out an unannounced inspection of Ashmeade Residential Home on 27 and 29 March 2018. The service 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 we looked at both during this inspection. Ashmeade Residential Home provides accommodation and personal care in single and shared rooms for up to 18 people. Nursing care is not provided. At the time of our inspection 17 people were living at the home.

At the last inspection, the service was rated Good. At this inspection 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.

During this inspection we have made a recommendation about the management of people's medicines. We found that one person's allergies had not been recorded on the Medication Administration Record (MAR) and one person's liquid medication had not been dated upon opening. The registered manager took action during the inspection to address these issues.

Records showed that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk. People and their relatives told us there were always enough staff available to meet their needs.

People and their relatives told us the staff who supported them were kind and caring. They told us staff provided them with support when they needed it.

People told us staff respected their right to privacy and dignity and encouraged them to be as independent as they could be. We observed this during the inspection.

Staff received an effective induction and appropriate training. People who lived at the home and their relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating and drinking and their healthcare needs were met. Appropriate referrals were made to community health and social care professionals, to ensure that people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs, risks and preferences and we found evidence of this. Where appropriate, relatives had been consulted about people's care and were updated regularly by staff.

Records showed that people were supported regularly to take part in a variety of activities in the home. People living at the home and their relatives told us they were very happy with the activities available.

Staff communicated effectively with people. They supported people sensitively and did not rush them when providing care. People's communication needs were identified and relevant support was provided, such as information in large print and braille.

The service had a registered manager in post. Relatives and staff were happy with how the service was being managed. They found the registered manager approachable and supportive. They told us any concerns were resolved quickly.

A variety of audits of quality and safety were completed by the registered manager regularly. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

The registered manager regularly sought feedback from people living at the home and their relatives through residents meetings and satisfaction surveys. A high level of satisfaction had been expressed by people living at the home and their relatives, about most aspects of the care and support provided.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ashmeade Residential Home

## **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 was 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 a comprehensive inspection.

This inspection took place on 27 and 29 March 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted four community health and social care professionals who were involved with the service for their comments, including a district nurse and a chiropodist. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who lived at the service, three visiting relatives, a visiting health professional and a hairdresser who visited the service regularly. We also spoke with two care staff, the registered manager and the registered provider who was also the owner. We reviewed the care records of two people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

# Is the service safe?

## Our findings

People told us they felt safe when staff supported them. Comments included, "I need help to walk around. I feel safe with the staff helping me" and "I always feel safe when I'm being supported by the staff". Relatives told us their family members received safe care.

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about administration, self-administration, 'as required' (PRN) medicines, disposal, refusals and errors. All staff had completed training in medicines management and their competence to administer medicines safely had been assessed in the previous 12 months. Staff understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We reviewed the Medication Administration Records (MAR) for two people and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. One person's allergies had not been included on their MAR. The member of staff administering medicines at the time was aware of the person's allergies and they were documented in the person's care records. The registered manager resolved the issue immediately. We reviewed all other MARs and found that people's allergies had been included. We noted that one person's liquid medication had not been dated upon opening and the registered manager addressed the issue immediately. Records showed that medicines audits were completed monthly. The shortfalls we found had not been identified due to those specific people's medicines not having been checked as part of the recent audits. The registered manager advised us that all MARs and medicines processes would be checked in the near future to ensure that they complied with best practice. She assured us that all lessons learned would be shared with staff.

We recommend that the service considers current guidance on managing medicines in care homes and take action to update their practice accordingly.

The staff we spoke with understood how to protect adults at risk from abuse. A safeguarding policy was available and records showed that all staff had completed training in safeguarding adults at risk. One safeguarding alert had been raised about the service in the previous 12 months and this had been addressed appropriately. We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

Risk assessments were in place for each person living at the home, including those relating to falls, manual handling, pressure sores and nutrition and hydration. They provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. Records showed that they were reviewed regularly.

We looked at staffing arrangements at the service. People who lived at the home told us there were enough staff to meet their needs. Comments included, "There's plenty of staff. There's always someone around" and "I've waited for staff to help me on the odd occasion but it's mostly ok". Relatives were also happy with staffing levels at the home. One relative commented, "There are always enough staff. We've no complaints".

A record was kept of accidents and incidents that had taken place, including falls. Records showed that staff had taken appropriate action, such as seeking medical attention. Falls were reviewed monthly to identify any trends and to ensure that appropriate action had been taken.

We looked at how the service protected people from the risks associated with poor infection control. Daily and weekly cleaning schedules were in place and records showed that all staff had completed infection control training. We found the standard of hygiene at the home was high and people living at the home and their relatives told us the home was always clean. The service had been given a Food Hygiene Rating Score of 5 (Very good) in July 2016. People told us staff supported them regularly with personal hygiene. One relative told us, "[My relative] is always clean and comfortable. Her clothes are clean, ironed and hung up in her wardrobe".

People's care records and staff member's personal information were stored securely in the office and were only accessible to authorised staff.

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including fire, gas and electrical safety checks. Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This helped to ensure that people were living in a safe environment.

## Is the service effective?

### Our findings

People were happy with the care they received and felt staff had the knowledge and skills to meet their needs. One person commented, "The staff are skilled and they know what they're doing". One relative told us, "It's like a five star hotel". Another commented, "The staff are competent. They have regular training".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. Staff felt well trained and told us they could request further training if they felt they needed it. They told us they received regular supervision and this was confirmed in the records we reviewed.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed two people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

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 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority. Staff had completed MCA training. They understood the importance of gaining people's consent and providing additional information when needed to help people make decisions. For example, we observed staff explaining in detail to people the choices available at lunchtime and repeating this information, to help people choose their meal.

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. People were happy with the meals and support provided. One person told us, "The food is good. It's a set meal at lunchtime but you can always have something different. There's lots of choice at breakfast too. We get regular cups of tea or you can have a cold drink if you want one". Relatives were happy with the support



their family members received with eating and drinking. One relative commented, "[My relative] doesn't need much support. She's slow with eating but she's never rushed. Staff give her choice and encourage her".

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to a variety of healthcare professionals, including GPs, district nurses, dietitians, podiatrists and speech and language therapists. People told us they received medical attention when needed. Staff told us that when people were taken to hospital, important information such as their care plan, risk assessments and Medication Administration Record (MAR) was sent with them. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

The home had been designed to meet people's needs. Bathrooms had been adapted to accommodate people who required support from staff and there was a passenger lift and hoists available. Adapted cutlery and crockery was provided to enable people to be as independent as possible at mealtimes and part of the front garden had been adapted so that it was accessible to people with mobility needs. People were happy with the home environment. One person commented, "I like the décor in the home and my room, it's comfortable and tasteful".

The community health professionals we contacted provided positive feedback about the care provided at the home. Comments included, "The staff are always courteous and helpful and the residents are happy. The home itself is always clean and tidy, bright and well maintained" and "The staff are always very helpful and very caring towards all residents. The staff work together with us as a team, are very observant and always report any concerns. It is a pleasure working within the home".

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "I like the staff, they're all very nice and "All the girls are lovely, I've had no issues with the staff". Relatives commented, "[My relative] loves them [staff]. She's happy here. I've never see her upset" and "The staff are kind. [My relative] responds to them".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of how people liked to be supported, such as whether they liked a bath or shower and what they liked to eat and drink. Staff felt they had enough time to meet people's individual needs in a caring way.

People told us their care needs had been discussed with them and they were involved in decisions about their care. One person told us, "They came to discuss my needs with me and [My relative] before I came here". One relative told us, "They always discuss [My relative's] needs with me and I'm involved in any decisions. If they're doing anything differently, they'll let me know".

We saw evidence that people were encouraged to be as independent as possible. One person being supported told us, "The staff do encourage you to walk, though some can be a bit bossy sometimes". Relatives commented, "The staff assist [My relative] with crafts and encourage her to take part" and "The staff have encouraged [My relative] to walk, now she's fast with the frame".

People told us staff respected their right to privacy and dignity. One person commented, "They are discreet when helping me to have a bath and if I want to have time in my room, that's respected". One relative told us, "We can have private family time during visits".

We noted that two hairdressers visited the home regularly, which helped people to maintain the appearance they wanted.

We found that people's relationships were respected and people told us there were no restrictions on visiting. One relative commented, "We can visit when we want to. There have been no issues". Lots of visitors attended during the two days of our inspection. They were able to help themselves to refreshments and were able to spend time with people in various places throughout the home.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the employee handbook. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors.

Communication between staff and people who lived at the home and relatives was good. We observed staff supporting people sensitively and comforting people when they were upset. Staff spoke clearly and repeated information when necessary to ensure that people understood them. This helped to ensure that

communication was effective and that staff were able to meet people's needs.

The residents guide issued to people when they came to live at the home provided a variety of information, including the services available, how to make a complaint and some useful local contacts. The guide was available in large print and braille. Information about local advocacy services was displayed on the notice board in the entrance area. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

## Is the service responsive?

### Our findings

People told us they received care that reflected their individual needs and preferences and they were given lots of choice by staff. Comments included, "I choose my clothes and my meals every day. The staff are getting to know me and what I like" and "I can get up and go to bed when I want to. It's my choice". One relative told us, "[My relative's] dementia has deteriorated and staff are responding to it". One person told us they had felt pressured by staff on one occasion to get up earlier than they would have liked to. We discussed this with the registered manager who told us she would remind staff of people's right to choose what time they got up in the morning.

People told us staff supported them when they needed them to. Comments included, "I've never waited long for support" and "We don't wait for help". One person told us they had waited for support on occasion but most of the time staff attended quickly".

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They were reviewed regularly. They included information about what people were able to do, what they required support with and how staff should provide that support.

People were supported to take part in a variety of activities in the home and the community. These included armchair exercises, bingo, reflexology, arts and crafts and trips to local parks and garden centres. Festivals were celebrated, such as Mother's and St Patrick's Day and people's birthdays were celebrated. During our inspection we observed people taking part in aromatherapy, skittles and cookery. There were lots of smiles and laughter and people looked like they were enjoying themselves. People told us they were happy with the activities available. One relative told us, "There's a lot going on, things like crafts and poetry. There's enough to keep people entertained". We noted that the provider was part of a local activity forum which focused on sharing ideas and resources to improve activities in care home settings. We also saw evidence that the provider had secured a number of community grants to fund improved activities at the home.

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and people were receiving appropriate support. The registered manager told us she was not aware of the standard. She took action to implement it during our inspection.

The service used various types of technology to support people and staff. This included the use of a digital telemedicine service provided by Airedale NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the home via a secure video link and helps to avoid 999 calls and people being admitted to hospital. Where risks had been identified people had sensor mats in their rooms, so that staff could monitor their movement at night to ensure they were kept safe.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. However, there was a comprehensive end of life policy and procedure in place. This helped to ensure that people experienced a pain free, dignified death which reflected their wishes. Most staff had completed end of life training and the registered manager and three staff members were end of life champions. This meant they were responsible for ensuring that staff at the home stayed up to date with good practice.

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was included in the residents guide. The registered manager told us that she had not received any formal complaints in the previous 12 months. She kept a log of minor concerns that had been raised and we saw evidence that they had been resolved quickly. None of the people living at the home or relatives we spoke with had made a complaint but all knew how to complain if they needed to. One relative commented, "We don't have any complaints. There have been minor bits and pieces but they've been sorted straight away".

We reviewed a large collection of thank you cards. Comments included, "Thank you to all the staff. You could not have done more to make [Our relative] comfortable" and "For all the care, support, love and dignity shown to [Our relative] during her time with you. You couldn't have done more".

## Is the service well-led?

### Our findings

People were happy with the way the service was being managed and felt that staff and the registered manager were approachable. One person told us, "I'm happy with the management of the home. It's usually calm and organised". One relative commented, "If we have any issues we can speak to the staff or the manager".

At the time of our inspection the service had a registered manager who had been in post since 2015. 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 registered manager told us that satisfaction questionnaires were issued yearly to gain feedback from people about the care they received. The results of the surveys issued in 2017 showed that a high level of satisfaction had been expressed about all aspects of the service. Where suggestions had been made for improvement, we saw evidence that action had been taken.

Residents and relatives meetings took place regularly. We reviewed the notes of the previous two meetings and noted that the issues addressed included activities and entertainment, meals and staff changes. We saw evidence that people were able to make suggestions and their views were acted upon.

Surveys were issued to staff each year for their views and comments. We looked at the results of the surveys issued in 2017 and noted that 16 out of 23 responses had been received. A high level of satisfaction had been expressed with most areas of the service.

Staff told us they were happy working at the home and felt well supported by the registered manager. One staff member commented, "The staff work as a team and we're supported well. [Registered manager] is very approachable".

Staff told us that staff meetings took place regularly and this was confirmed by the records we saw. They told us they were able to raise concerns and make suggestions at the meetings. We reviewed some recent meeting notes and found that issues discussed included health and safety, infection control, laundry, medication, staffing, reminders to staff about tasks and their responsibilities and feedback from relatives.

The staff we spoke with were clear about their roles and responsibilities. When they started working at the service, they received a job description and an employee handbook. One staff member told us, "We keep up to date with what we should be doing through our training and supervisions".

Records showed that a variety of audits were completed regularly by the registered manager. These included audits of falls, medicines, infection control, equipment and the home environment. We saw evidence that action had been taken where shortfalls had been identified. We found the audits completed

were effective in ensuring that high levels of quality and safety were maintained at the service. The provider told us she spent time at the home several times a week, which enabled her to monitor the management of the home and the care being provided. She told us she met with the registered manager regularly to discuss all aspects of the home's management and we saw records to demonstrate this. This meant that the provider had oversight of the service and was assured that people were receiving safe, effective care.

We saw evidence that the service worked in partnership with a variety of other agencies. These included social workers, community nurses, GPs, chiropodists and dietitians. This helped to ensure that people had support from appropriate services and their needs were met. The registered manager and the provider were also members of a local network of care home managers, which helped them stay up to date with and share good practice.

The registered manager told us that a number of improvements to the service were planned. These included more streamlined paperwork, increased observations of staff practice, external medicines training for staff and more comprehensive medicines audits, to ensure that all necessary improvements were identified. The registered manager told us she also planned to arrange a summer garden party to encourage links with families and the local community.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The aims of the home were, 'To foster an atmosphere of care and support, which both enables and encourages our clients to live as full, interesting and independent a lifestyle as possible, with rules and regulations being kept to a minimum'. We saw evidence during our inspection that this philosophy was promoted and achieved by the registered manager and staff at the home.