Ashfield Care Homes Limited

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Inspection report

99 Ashley Road
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Date of inspection visit:
26 July 2016

Date of publication:
08 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Ashfield Care Homes Limited (99 Ashley Road) on 26 July 2016. This was an unannounced inspection.

Ashfield Care Homes Limited (99 Ashley Road) is a care home for people with a learning and/or physical disability. The home is registered to provide accommodation and personal care for up to ten people. At the time of our inspection there were six people living there. The home is set in well maintained gardens and consists of a main house with a large lounge and dining room. The house and gardens are accessible for people who use a wheelchair.

The service had a registered manager in place. 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 also managed another small home which was a short distance away on Ashley Road.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005, which applies to care homes. The registered manager did not fully understand how to implement this legislation and had begun to address this during the inspection.

Staff supervision and appraisals had not taken place regularly although staff told us they felt supported with on-going training and were involved in the development of the home. The provider operated safe recruitment and retention processes. Relevant checks were carried out before staff were employed.

People were protected from possible harm. Staff understood the home's safeguarding and whistle blowing procedures and who to contact if they had any concerns.

People told us they felt safe. There were sufficient staff deployed to provide person centred care and keep people safe.

There were systems in place to manage, record and administer medicines safely. Staff had a good knowledge of people's medicines and received regular training to maintain their competency.

Risks relating to people and the environment were assessed and managed. There were systems in place to report repairs and maintain the premises.

People received personalised care, in line with their needs and preferences. People were supported to maintain their health. Specialist medical advice, treatment and support was sought promptly when required, including GPs, speech and language therapists and behavioural support specialists.

Staff interacted positively with people and were caring and kind and respected their dignity. Staff encouraged people to maintain their independence, to make decisions and to have as much control over their lives as possible.

People were offered a choice of drinks and meals, prepared in a way that met their specific needs. Important information, such as their likes and dislikes and allergies, was known by staff who assisted and encouraged people to eat if they needed help.

Staff seemed to know people well and had time to sit and chat about things that were important to them. Activities took place daily both within the home and in the community.

There was an open culture and a clear management structure within the home. People living at the home, their relatives and health care professionals were complimentary about the management of the home.

Quality assurance systems were in place to assess and monitor the quality of care and drive improvements. Incidents and accidents were recorded and trends identified for learning and minimising future incidents. Records were well maintained and regularly reviewed.

We last inspected the home in December 2013 when we found no concerns.

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 received their medicines safely. Staff were competent and had good knowledge of medicines management and administration.

Staff protected people from avoidable harm. Risks were managed safely and incidents were reported and investigated.

There were sufficient, suitably skilled and experienced staff to care for people safely.

Is the service effective?

Requires Improvement

The service was effective. Staff had not all received regular supervision and appraisal. However, the registered manager had put in place a schedule to address this. Staff felt supported with training and development.

The registered manager had not fully understood their responsibilities in relation to the Mental Capacity Act and DoLS. However, they were taking steps to address this.

People were supported to maintain their health and wellbeing and were provided with a variety of food and drinks sufficient for their needs.

Is the service caring?

Good

The service was caring. Staff respected people's privacy and dignity. Staff interacted positively with people and were kind, friendly and helpful.

Staff listened to and respected people's wishes, views and preferences and acted upon them.

Staff provided sensitive and compassionate reassurance to people when they were anxious or unwell.

Is the service responsive?

Good

The service was responsive. People were involved in developing their care plans. These were detailed and person centred, and

included information about people's life histories, preferences and hobbies and interests.

People were encouraged to participate in a variety of daily activities and events.

People and relatives knew how to make a complaint if they needed to. However, the home had not received any formal complaints.

Is the service well-led?

Good

The service was well led. The registered manager was visible and actively worked with the staff team to deliver people's support.

The home had an open and transparent culture and people were encouraged to give their views about the care they received.

Quality assurance systems were in place to monitor and assess the quality of care and drive improvements. Records were well maintained, detailed and regularly reviewed.

Ashfield Care Homes Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.to check the provider had.

We inspected Ashfield Care Homes Limited (99 Ashley Road) on 26 July 2016. This was an unannounced inspection and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service. 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. We used this information to help us decide what areas to focus on during inspection.

We spoke with three people, two care staff, the cook, the deputy manager and the registered manager. We carried out observations throughout the day and while the lunch meal was served. We reviewed three people's care plans and pathway tracked two people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken, such as involving a GP or behavioural support specialist, and the outcome for the person). We looked at other records relating to the management of the service, including four staff recruitment, training and development records, medication records, quality audits and health and safety checks. Following the inspection we spoke with two relatives and two care professionals to gain their views of the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said they felt safe and staff kept their money "Safe in the office." One relative said "Oh yes! It's safe." Another told us their relative had a health condition so they needed to be monitored day and night. They told us "[My relative] has an alarm in their room so staff can check on [my relative] if they get up" in the night.

People were protected from abuse. Staff were able to explain what abuse may look like and how to identify any potential concerns. Staff had received training in safeguarding adults from abuse, and were aware of the safeguarding policy, including the whistleblowing procedure. They confirmed they would report any poor practice and were confident concerns would be acted upon by the management team. Staff knew who to report concerns to outside of the home, such as the Care Quality Commission and the Local Authority and contact details were readily available if needed.

People were cared for by staff who had demonstrated their suitability for the role. We reviewed staff files and saw the application and interview process was robust. All staff had completed an application and provided a full employment history. The provider had sought references from previous employers to check people's work history. Disclosure and Barring service (DBS) criminal records checks had been carried out. This ensured only staff who were suitable to work in a social care setting were employed.

Staff told us there were enough staff on duty and were able to meet people's needs safely. We observed this in practice throughout the inspection. There was a stable staff team who had been employed for many years. The home had one full time vacancy which the manager was in the process of recruiting to. This, and any other staff absences, for example sickness, were covered from within the team or by regular bank staff.

Medicines were managed and administered safely. We observed staff asked people for consent and gave them an explanation about their medicine and what is was for before they gave it. Staff dispensed medicines to people patiently and at a pace that suited them. Medicine administration records (MAR) were signed after each medicine was successfully dispensed. Records were immediately checked by the second member of staff which ensured any errors would be identified straight way. A medicines audit was completed daily to double check for any errors. We did not identify any errors in recording.

Medicines were safely and appropriately stored in a locked cupboard in the staff office which had a key code for access. We randomly sampled some medicines and found that all were accounted for and were in date. Any unused or expired medicines were disposed of safely when necessary, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place.

Individual risks to people had been identified and assessed. Actions had been taken to mitigate the risks identified. This information was recorded in each person's care records and reviewed regularly which ensured staff had up to date guidance to keep people safe. For example, one person was at risk of choking. There was guidance in place to inform staff in how to safely support the person by providing a soft diet and thickened drinks to reduce the risk of them choking.

There were regular checks of the environment such as alarm tests, emergency lighting and fire extinguisher checks. Environmental risks assessments had been completed. For example, there were individual room risk assessments and a recent fire risk assessment which ensured any fire risks to people's were identified and managed. The environment and equipment were maintained to a safe standard. On-going maintenance of the building was carried out and regular servicing and testing of equipment was documented.

The home had an emergency plan which outlined who staff should contact and action to take in the event of an unforeseen incident such as a fire.

Requires Improvement

Is the service effective?

Our findings

People told us staff asked for their consent before providing any care or support. One person said "They ask me if they can help." We observed that staff used different ways of understanding when people gave consent. For example, some people could not give verbal consent, but staff knew by their facial expressions and body language if they were happy for them to provide the support. However, we found procedures relating to the implementation of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) required improvement.

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

The registered manager did not fully understand how to implement the MCA 2005 and DoLS. They had intended to apply for DoLS for people who had capacity to consent to restrictions on their freedom and liberty. There was nothing recorded in people's care plans about their capacity to make these decisions for themselves. Following the inspection, they sent us information about people's capacity and said they would update people's care plans accordingly.

Staff had not all received regular supervision and appraisal. There was a schedule in place for supervisions but most of these had fallen behind. Appraisals had not taken place as the registered manager wanted to complete these themselves but due to the time constraints, told us they had decided to delegate these back to senior staff. Following the inspection, they sent us a schedule of appraisals for staff which would be completed by October 2016. Although they had not received regular supervision and appraisal, staff told us they felt supported. They said the team was small and they saw each other daily so they could always discuss any issues, concerns or training requirements with the management team.

People were supported by staff who received ongoing training to develop new skills or to refresh their existing knowledge. An annual training programme was in place which included key topics such as fire safety, medication and moving and handling. There were opportunities for staff to complete additional training to better equip them to support people with specific health conditions such as epilepsy or diabetes. Staff were also able to study for nationally recognised vocational qualifications. All new staff were required to undertake an induction period and complete the Care Certificate, a framework which supported staff to reach a recognised standard in the delivery of care.

People were supported with their specific health needs. Staff monitored people's health effectively and quickly identified any changes. People were referred promptly to health professionals, such as GPs, dentists

and opticians when necessary to assist with managing their health. A care professional told us "They liaise well with health professionals and contact me if there are any concerns." Staff talked knowledgably about people and were up to date with changes in people's wellbeing and recommendations from health professionals. A relative told us their family member had a long term health condition and said that staff "Manage it really well." Information was shared during each shift and information was recorded in handover records, the diary and the communication book which ensured all staff were kept informed.

People and relatives were complimentary about the choice of food provided by the cook. One person told us "I like egg and chips. I get the food I like." A relative commented the staff "Know what [my family member] likes to eat." Another relative told us "[My family member] was ill last Christmas and stopped eating. Staff persevered and tried all different things… just by tempting… got them to eat something." The cook told us there was a different menu every week and alternatives were always available. They prepared a different meal for people who required a soft diet if the main dish could not easily be prepared to the right consistency, which we observed on the day of our inspection.

We observed the lunch meal in the dining room. Staff offered physical assistance and encouragement to people who needed it which ensured they ate and drank to reduce any risk of malnourishment. Adapted cutlery and plates were provided to assist people with remaining as independent as possible when eating. For example, one person's plate had a plate guard and another person used an angled spoon to make it easier to eat.

Staff understood people's particular dietary needs, such as preparing food to a specific consistency for a person with a swallowing difficulty. A referral had been made to the speech and language therapists (SALT) for specialist advice. We saw the recommendations had been acted upon. The person's care plan had been updated to say they required a soft diet and their drinks were to be thickened and we noted their food and drink had been prepared appropriately in accordance to the guidance.

Good

Is the service caring?

Our findings

People, relatives and visitors told us they were happy living at 99 Ashley Road. One person said "Staff are kind. They look after me well. I'm happy living here." One relative told us "The carers are brilliant" and "They're caring. They really care about what [my family member] wants and how they're feeling." They added "[My family member] was in hospital for a couple of weeks. Staff visited them in hospital and kept me informed." Another relative said they were welcome to visit at any time and "It's like a family. It's so relaxed. It's like visiting them in their own home."

Staff were kind and attentive when interacting with people. Staff knew people well, and talked about things that were important to such as their family and activities. Staff communicated clearly and effectively in ways that met people's communication needs. Staff were enthusiastic and effectively engaged with people who responded positively to the interaction. There was friendly banter and staff sat with people, giving them time to talk, asking questions and showing an interest in what they had to say. One person was keen to move to another bedroom and became quite fixated on the idea. The registered manager explained to us that this was a regular occurrence and they had tried a move recently, but the person had then wanted to move back to their old room. However, they took the person to look at other bedrooms again and encouraged them to think about what they wanted and then they would have another chat about it.

Staff supported people with compassion and reassurance when they became anxious or unwell. For example, we observed one person had a seizure whilst sitting in their easy chair, which staff responded to quickly. They watched over the person until they started to recover, and then spoke gently and offered reassurance through a gentle touch on the arm.

People were supported to maintain their independence as much as possible. A care professional told us staff supported people to learn and maintain their daily living skills. We observed this in practice during our inspection. For example, we saw one person attending to their own laundry and another person told us "I help with the dishwasher" and "I help with the shopping at Tesco and get a drink."

People made choices about their day to day lives, such as what activities they wanted to do, where they ate their meals or what they wanted to wear. One person explained they were going to visit their relative and were "Going to put my pink shirt on." Staff treated people with dignity and respect and used people's preferred names when addressing them. We confirmed this when we looked at people's care records and saw where people had asked to be called by another name.

Staff respected people's dignity and privacy. Personal care was provided discretely by staff who ensured people's privacy and dignity were respected. Although staff were busy, they were relaxed and calm and did not rush people's care. Staff were aware of the need for confidentiality, which we saw in practice throughout our inspection. We noted staff referred to people with respect and affection in their records. For example one person's support plan referred to them as ""A lovely, friendly lady."

There was a 'homely' atmosphere at 99 Ashley Road. There were photographs of people, events, birthday

celebrations and mementoes placed around the communal areas. People's bedrooms were personalised with things that were important to them, such as family photographs, pictures of buses, cars, ornaments and cuddly toys.

Visitors were welcome and there was no restriction of when they could do so. A care professional told us "I could just turn up and they'd let me in." They also said the staff were "Quite relaxed with family members going in." A relative confirmed "We don't have to call. We can come anytime we want, but we always call out of courtesy."

Good

Is the service responsive?

Our findings

People, relatives and visitors told us they knew how to make a complaint but had not had cause to do so. A relative told us "I'd probably speak to [The deputy manager] if I had a complaint." They told us they were confident staff would act on a complaint and said "They're definitely responsive." The deputy manager confirmed they had not received any formal complaints and showed us the complaints log which recorded no recent complaints. Staff were aware of the complaints procedures and confirmed they would support people with any concerns they might have, or would report them to the registered manager on their behalf.

People's needs were assessed before they moved in to the home which ensured the home could meet their needs. People's person centred support plans (PCPs) were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance in how to support each person. For example, one person's PCP had information about how staff would know if they were in pain, how their drinks should be prepared and things they didn't like. There was also personal information describing how the person wanted to spend their time, their likes and dislikes and other preferences. People's PCPs had photographs and pictures in them to help people recognise and understand the content, and included a circle of support. This recorded all the people in the person's life who were important to them. We looked at people's PCPs and saw, where possible, these had been signed by people to say they agreed with the content of the plans.

Relatives and people told us they were involved in planning and reviewing their care. The home had a keyworker system in place which ensured staff had specific responsibilities in relation to people's care. For example, liaising with relatives, making routine appointments and meeting with people to review their care plan each month. Monthly keyworker reports recorded what had been discussed at each review such as people's mental health, mobility and communication. We also saw people's care had been reviewed if their needs had changed or their health had deteriorated.
Risk assessments were completed when a risk to a person had been identified, such as accessing the community. These were detailed and clear and guided staff in how to minimise the risks to people and were regularly reviewed to ensure they remained relevant.

Staff responded to people in a way which demonstrated they knew them well, their preferences, likes and dislikes. A care professional told us about one person and said the staff "Know [The person] so well. They've got the measure of [The person]." A relative told us "The keyworker is very good with [my family member]. They really know them well."

People were encouraged to take part in community activities such as swimming, shopping, going for a drive or attending social clubs. One person told us they liked music and dancing and having a drink at their club. There were photographs in the dining room which showed people enjoying events, such as a church barbecue, the Wednesday Club and other games and activities. There were a range of activities for people to take part in within the home. For example, one person liked jigsaw puzzles, and another person enjoyed playing with their cars.

The home supported people to achieve positive outcomes. For example, one person had lived in a number of short term placements over their lifetime due to their complex behaviour. However, 99 Ashley Road had supported the person to maintain their placement for eleven years. Staff told us "It was a challenge when [the person] first came here. We worked with [the person] and learnt about them, got to know them, to understand them. They're settled now. It's been a success."
A relative of another person told us "It's their third home. They're most happy here. I dread to think what would happen if they had to leave. They are very well cared for. The family are all very happy."

Good

Is the service well-led?

Our findings

The registered manager and deputy manager were visible and well known to people and relatives. People felt able to talk to them directly if they wanted to. A relative said "The management is fine" and another told us "It's a well organised home."

The culture within the home was open and transparent. It was calm and well organised and staff seemed happy, relaxed and at ease when carrying out their duties. The atmosphere in the home felt positive and staff and the registered manager were responsive in providing information to us during the inspection. The registered manager and staff worked to together to provide good outcomes for people. We found they were enthusiastic and proactive in their approach to developing the service and were keen to make further improvements. There was a clear management structure and staff understood their roles and responsibilities.

Staff told us the home was well led and that the registered manager and deputy manager were professional and approachable and they felt well supported to carry out their roles. They told us the registered manager "Is very good. Very approachable. Very level headed. If we have any concerns we can speak to them. They listen to us." Another staff member said "[The registered manager] helps out. Very flexible and understanding. We're a good team."

Regular staff meetings took place which enabled staff to be kept up to date with issues and discuss any concerns. Minutes of the most recent meeting in May showed that staff had discussed a range of issues such as training, cleaning of wheelchairs and record keeping. Staff confirmed they found the meetings helpful, and could take their ideas and any concerns to staff meetings and they would be listened to. One staff member told us "We can talk about any problems and find a solution together." Staff surveys were completed and the most recent results from September 2015 showed that staff felt happy and supported at 99 Ashley Road.

Quality assurance systems were in place to monitor and assess the quality of the service. Surveys were sent out to gain feedback from people and relatives in areas such as involvement in care planning; making choices and support. The most recent surveys confirmed people were very satisfied or satisfied with the care and support they received or their family member received.

Monthly audits were carried out by the registered manager to review all areas of the management of the home, such as medication; support plans; accidents and incidents and the environment. The provider also carried out external audits to ensure the home was being managed effectively. The most recent audit in April 2016 showed that all previous actions had been completed and the action plan had been signed off as completed.

Incidents, accidents and near misses were monitored each month through reviews and learning was shared in the team. Any additional support required was identified and referrals made. For example, to psychiatrists or behaviour support.

Detailed records were well maintained by staff and securely stored within the staff office which remained locked by a code pad.