Roseberry Care Centres GB Limited

Ashlea Court Care 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

The inspection of Ashlea Court Care Home took place on 17 May 2017 and was unannounced. This is the first rated inspection of the service under the new regulated provider Roseberry Care Centres GB Ltd.

Ashlea Court Care Home was purpose built several years ago and was registered to provider accommodation and care to persons who require nursing or personal care. Since the new registered provider took registration of the service in June 2016 the service has not provided nursing care.

Ashlea Court Care Home now provides support to a maximum of 48 older people who may also be living with dementia. At the time of the inspection there were 39 people using the service. Bedroom accommodation is on two floors, accessed by a passenger lift and there are communal lounges, dining areas, a hair-dressing salon, an activities annexe and enclosed garden spaces for people to make use of.

The registered provider was required to have a registered manager in post. On the day of the inspection there had been a registered manager in post for the last year. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential or actual safeguarding concerns. Risks were managed and reduced so that people avoided injury or harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers, calculated with a dependency tool, were sufficient to meet people's need. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to support vulnerable people. We found that medicines were safely managed.

People were supported by qualified and competent staff that were regularly supervised and had their personal performance appraised. Communication was effective and people's rights were protected. Staff had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The registered manager explained how the service worked with other health and social care professionals and family members to ensure decisions were made in people's best interests where they lacked capacity.

Adequate nutrition and hydration was provided to maintain people's health and wellbeing. The premises were suitable for providing care to older people and those living with dementia.

Staff were kind and knew about people's needs and preferences. People were involved in all aspects of their care and were always asked for their consent before staff undertook to support them. People's wellbeing, privacy, dignity and independence were monitored and respected. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives.

Support was provided to people in accordance with their person-centred care plans, which reflected their needs well and were regularly reviewed. People had the opportunity to engage in activities if they wished to and these were facilitated after consulting people about their preferences. Good family and friend connections were encouraged. We found that there was an effective complaint procedure in place and people had their complaints investigated without bias.

The service was well-led and people had the benefit of a positive culture and the management style. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication.

There were opportunities for people to make their views known through direct discussion with the registered manager or the staff as well as more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality.

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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed and reduced so that people avoided injury or harm.

The premises were safely maintained. Staffing numbers were sufficient to meet people's needs and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that received regular supervision and an appraisal of their performance. Communication was effective and people's rights were protected.

Adequate nutrition and hydration was provided to maintain people's health and wellbeing. The premises were suitable for providing care to older people and those living with dementia.

Is the service caring?

Good

The service was caring.

People received support from kind staff and they were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected.

Is the service responsive?

Good

The service was responsive.

People were supported in accordance with person-centred care plans, which were regularly reviewed. They had the opportunity to engage in pastimes and activities.

Complaints were investigated without bias and people were encouraged to maintain relationships with family and friends.

Is the service well-led?

Good

The service was well led.

The culture and the management style were positive and the quality of the service was effectively monitored.

People had opportunities to make their views known. Records were well maintained and held securely on the premises to ensure confidentiality.

Ashlea Court Care 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 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.

The inspection of Ashlea Court Care Home took place on 17 May 2017 and was unannounced. One adult social care inspector carried out the inspection. Information was gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur.

We reviewed Information and feedback from contracting local authorities and people who contacted CQC to make their views known about the service. A 'provider information return' (PIR) was also received from the registered provider. A PIR 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 spoke with eight people that used the service and two relatives. Discussions were held with the registered manager, deputy manager, area manager and two staff. The views of a visiting community nurse were also obtained during our visit. Care files belonging to three people that used the service and recruitment files and training records for three staff were also reviewed, along with records and documentation relating to the running of the service.

Records included those maintained for quality assurance/monitoring and medicines management systems as well as those in relation to the safety of the premises. We also looked at equipment maintenance records and information held in respect of complaints and compliments.

We observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Ashlea Court Care Home. They said "Oh I am extremely safe here. Staff are very caring", "I have no worries about how the staff treat me, they are very good" and "I feel much more secure here than I did at home." Visitors said, "I am quite sure my relative is safe here" and "My relative has a good relationship with the staff and finds them very nice people." One professional that we contacted commented in writing, 'When I was last there in autumn 2016, I did not have any concerns. I have not had any need to visit since then.'

Staff were trained in safeguarding people from abuse and systems were in place that ensured incidents were managed safely. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. Records were held in respect of handling incidents. The five safeguarding referrals that had been made to the local authority in the last year were discussed with the registered manager to understand the action they had taken. We concluded these had been managed appropriately and appropriate action taken where necessary.

Formal notifications were sent to us regarding incidents, as required by the regulations. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments ensured people were protected from the risk of harm due to falls, poor positioning, moving around the premises, poor personal hygiene, inadequate nutritional intake and the incorrect use of bed safety rails. Risk assessments ensured staff followed good practices that minimised these risks.

Maintenance safety certificates were in place for utilities and equipment used in the service, and these were all up-to-date. They included contracts and safety checks on, for example, gas, electricity, lifting equipment, fire safety systems and the emergency call bells. People had personal safety documentation for evacuating them individually from the building in an emergency. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

There were accident and incident policies and records in place. Records of these showed that they were thoroughly documented and action was taken to treat injured persons, prevent accidents re-occurring and to manage events so that people were protected.

Staffing rosters corresponded with the staff on duty during our inspection. We saw that a monthly dependency score was used to determine the number of staff required. People and their visitors told us they thought there were enough staff to support them with their needs. One visitor said, "There are always plenty of staff about when I visit and they are most obliging." One person that lived at Ashlea Court Care Home said, "Staff are always available to help when I need it." Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs.

Recruitment procedures ensured that staff were suitable for the job. Job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started

working at Ashlea Court Care Home. A DBS check is a legal requirement for anyone applying for a job working with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Recruitment files also contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. Staff had not begun to work in the service until all of their recruitment checks had been completed, which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

Medicines were safely managed within the service. A selection of medication administration record (MAR) charts were looked at and these were accurately completed. MAR charts used the omission codes correctly. Stock controls were completed and recorded on the MARs. Medicines were obtained in a timely manner so that people did not run out of them. Medicines were stored safely, administered on time, recorded correctly and disposed of appropriately. All controlled drugs held in the service, those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001, were safely handled at the time of the inspection.

A monitored dosage system was supplied by a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the administration of measured doses given at specific times. When we asked them about staff handling their medication, people said, "I am quite happy that staff look after it" and "I don't have to worry about not taking it when staff manage it for me."

Cleaning staff were employed and the premises were clean and well maintained. There were no unpleasant odours within the service.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the staff at Ashlea Court Care Home understood them well and had the knowledge to care for them. They said, "The girls are clued in and get the training they need", "Staff go on courses or do on-line training" and "Staff always seem to know what to do to sort things." A healthcare professional told us, "Staff are quick to notice problems that people have and pass them on to me straight away. They communicate well with me so that problems such as pressure areas and loss of weight or concerns with eating are addressed. Staff have managed a couple of difficult pressure care cases recently and referred people to the speech and language therapist when they were not getting enough nutrition."

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. On-line training courses completed included dementia and mental capacity awareness, challenging behaviour, safeguarding adults, nutrition and hydration, health and safety, infection control, fire safety and pressure care. Hands-on training included moving and handling and use of hoists.

Staff completed an induction when they first started in their roles. They also received regular one-to-one supervision and took part in a staff appraisal scheme. Evidence of this was seen in staff files and staff confirmed the processes used to ensure they were well supported. Mandatory training (minimum training staff had to undertake to ensure their competence in particular areas of care) was completed regularly on-line and staff had the opportunity to study for qualifications in social care.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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. We found that they were and that best interest decisions were reached and DoLS applications made and reviewed. Best interest decisions are made by a multi-disciplinary team of people that represent a person when they are without capacity.

Consent to care and support from staff was given by people either verbally agreeing or happily accompanying staff, which is what we saw form people. There were signed documents in people's files that gave permission for photographs to be taken, care plans to be implemented and medication to be managed.

People's nutrition and hydration needs were met. Their dietary likes and dislikes, allergies and medical conditions were assessed. The kitchen staff provided three nutritional meals a day plus snacks and drinks for anyone that requested them, including at supper time. Menus were displayed so that people could choose what to eat. People told us they were satisfied with the meals provided. They said, "The food is beautiful" and "We have a very good cook."

Staff sought the advice of a Speech and Language Therapist (SALT) whenever needed to support people with specific eating requirements. A 'Community Nutritional Risk Assessments' tool was used, which ensured that people were protected from the risk of harm due to difficulty with swallowing or where they required support to eat and drink.

People's health care needs were assessed through staff consulting them about medical conditions and liaising with healthcare professionals. Information was collated and reviewed with changes in people's conditions. Staff told us that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Health care records held in people's files confirmed they had seen relevant professionals and recorded the reason why. Records contained guidance on how to manage people's health care and recorded the outcome of consultations.

For those people that used the service who were living with dementia the signage and environment was gradually being improved. Carpets, furniture fabrics and wallpapers were plain while handrails were colour contrasted, which enabled people to navigate their way around easily. Discussions with the registered manager and deputy manager showed they were aware of the need to ensure the environment was easily navigated and was conducive to meeting the needs of people living with dementia. The premises were purpose-built as a nursing home and as such the environment lent itself to meeting older people's needs, those living with dementia included.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with each other and the staff. They said, "Staff are kind and very civil", "I like to spend time with other people and like to chat whenever I can", "There is a good bunch of staff here. They are helpful and caring", "The staff just can't do enough for us", and "While I like my own company there are some very lovely staff here that are always willing to help with a smile." A healthcare professional told us, "The staff are compassionate and know the people that live here well."

Relatives who contacted us prior to the inspection told us, 'The quality of care was very good. Staff showed kindness, sensitivity and respect to my relative who died and kindness was shown to their spouse. Care provided by all staff from laundry staff, cleaners through to senior carers was exceptional' and 'My late relative was given the utmost care at Ashlea Court Care Home. Staff were outstanding, treated my relative with dignity at all times, were helpful to all my family and especially my mother.'

Staff were pleasant but professional in their manner when they approached people. Staff knew people's needs well and were kind when they offered support. Staff were polite, attentive and informative when they gave care and support to people that used the service.

Staff told us that people who experienced discrimination or unequal treatment which may have resulted in their needs not being recognised or met on the grounds of age, disability, gender, race, religion and belief, sexual orientation or gender reassignment, were protected. This included the needs of people who may be at risk of multiple discrimination or disadvantage. These protected characteristics for people were considered by the registered manager on admission. Staff were aware of their responsibility to consider equality and diversity when providing support to people.

People we spoke with told us their privacy, dignity and independence were respected. They said, "Staff are very discreet about my care needs and I don't hear them talking about other people's either" and "I never feel uncomfortable when care is provided. Staff are careful and ensure my dignity is in-tact." Staff only provided personal care in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured toilet and bathroom doors were closed quickly. Dignity champions among the staff ensured people's dignity was respected.

General well-being for people was appropriately monitored by the staff who knew people well. People's physical and mental health deterioration was referred to specialist health care professionals. People were supported to engage in old and new pastimes, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead or learn new skills if they wished. Activity and occupation was used to help people feel useful and that their lives were purposeful, which aided their overall wellbeing.

While everyone living at Ashlea Court Care Home had relatives or friends to represent them, we were told that advocacy services were available to anyone if they required these. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information on advocacy was provided on the notice board within the

service.

Good

Is the service responsive?

Our findings

People told us they thought their needs were being appropriately met. One person said, "The stress has been taken from my family now. I'm lucky, I'm so relaxed." Another said, "We've accepted this life and Ashlea is a good substitute for your home."

People talked about their pastimes and routines and how staff assisted them with arrangements to carry these out. They said staff supported them when getting ready to go out or liaised with people that came to collect them. Several people received visitors and all of the arrangements people had were recorded within their care plans. A healthcare professional told us, "Staff provide people with choices in their daily lives and respond to their needs well. And I see activities taking place when I visit."

Care files for people that used the service, which they were involved in producing, reflected their needs. Care plans were person-centred and contained information under 20 key areas to instruct staff on how best to meet people's needs. Files contained personal risk assessments, which showed how risks to people were reduced, for example, with pressure relief, mobility, falls, moving and handling, nutrition and bathing. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed. A new style format for care plans was being introduced, as the new area manager found the old ones were not as effective as they could have been, but we saw that both styles of care plan appropriately addressed people' needs.

Various activities held in-house were planned and facilitated by an activities coordinator. These had been selected by people in a committee meeting as part of a consultation of their preferences. People told us they sometimes joined in with visiting entertainers and quizzes. People said, "We have plenty to attend if we wish, like the coffee afternoon we had today" and "There is often an activity to take part in, run by [Name] and I like to join in. We did exercises today."

People sometimes watched television in the lounge areas or in their bedrooms and some of those who took lengthy bed rest listened to radio channels of their choosing. Two people told us they preferred to keep their own company as they were not 'mixers'. Staff told us that the activities coordinator would spend one-to-one time with those that didn't want to do group activities or were in their bedrooms for long periods. One person said, "I love it here and make the most of every opportunity."

Staff used equipment to assist people to move around the premises and this was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. Staff understood that people had their own hoist slings to avoid cross infection and these were stored separately to avoid the risk of passing on infections. Bed rail safety equipment was used for some people and these had also been risk assessed for safe use. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. Equipment in place was there to aid people in their daily lives and ensured their independence and effective living.

Staff told us it was important to provide people with choice wherever possible so that people continued to make decisions for themselves and stayed in control of their lives. People had a choice of main menu each day and if they disliked what was on offer the cook catered for them. People chose where they sat, who with, when they got up or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected.

People's relationships were respected and staff supported people to keep in touch with family and friends. Staff who were assigned as key workers to people got to know their family members and kept them informed about people's changing needs. Staff and people told us that staff encouraged people to receive visitors and spoke with people about family members and friends, encouraging them to remember family birthdays and anniversaries.

The registered provider had a complaint policy and procedure in place for anyone to follow and records showed that complaints and concerns were handled within specific timeframes. People we spoke with told us they knew how to complain. They said, "I would just speak up and tell one of the staff and if more important, I would speak to the manager", "There are complaint forms to fill in if need be" and "I know how to complain but have never had to."

Staff were aware of the complaint procedure and knew how to ensure complaints were passed on and recorded. We saw that the service had handled two complaints made directly to the registered manager in the last year and three others that came through the local authority, which were escalated as safeguarding concerns. Complainants had been given written details of explanations and solutions following investigation.

We overheard one person expressing their view that staff had omitted to ensure they could reach their call bell, and not for the first time. Discussion with staff about people using call bells revealed they thought a small number of people used the call bell a lot to summon support. However, staff said they would never deliberately deny a person access to this means of asking for support. We passed the information to the registered manager to look into. They assured us that staff were expected to make sure people had their call bells to hand at all times and that this would be addressed.

Compliments were recorded in the form of letters and cards and CQC was contacted by two relatives who gave their positive feedback about the care their family members had received towards the end of their lives.

Good

Is the service well-led?

Our findings

People told us they felt the service had a pleasant and friendly atmosphere. They said, "We are quite content here and relaxed, as we have no worries and everyone is very pleasant" and "The staff are extremely helpful. We have nothing to worry us and find we enjoy our days sitting here talking and whiling away the hours." Staff we spoke with said the culture of the service was, "Homely and somewhere that I would be happy for my mum to be" and "Helpful and caring."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last eleven months.

The registered manager and registered provider were aware of the need to maintain their 'duty of candour', (responsibility to be honest and apologise for any mistake made), under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received notifications from the registered manager and so they fulfilled their responsibility to ensure information about events or situations that were required to be notified under the Care Quality Commission (Registration) Regulations 2009, was sent to us.

The management style of the registered manager and deputy manager was open, honest and inclusive. Staff told us they found the registered manager to be approachable and open to their ideas and they were able to express concerns or ideas freely.

People were supported to maintain links with the local community, where possible, through the church, schools and by visiting local services in and around the village and in the nearby town of Grimsby. Relatives played an important role in helping people to keep in touch with the community by supporting people to shops and cafes and local places of entertainment.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals. We saw the collation and analysis of information regarding audits and surveys for 2015 but that for the year 2016 had not yet been summarised into a report. However, the registered manager was made aware of areas that required improvement and action plans were in place to address these.

People told us they were consulted regarding the way the service was run where this directly affected them. One person said, "We are asked about what we think of the service and I'd like to see this home be the best there is, so it is good that the manager asks for our views. There is a nucleus of staff that seem to keep the service running well." People also joined in with residents' committee meetings held two or three times a year, where they were consulted about any proposed changes and given the opportunity to make suggestions. People received a newsletter produced each month by one of the people that used the service. They told us they really enjoyed writing for and producing it.

The registered manager maintained records regarding people that used the service, staff and the running of

the business. These were in line with the requirements of regulation and we saw that they were appropriately completed, up-to-date and securely held.