Barchester Healthcare Homes Limited

Ashlar House

Inspection report

The Plain
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 3 and 4 June 2015 and was unannounced.

Ashlar House is registered to provide accommodation for 36 older people who require nursing and personal care. People may also have needs associated with dementia. There were 28 people living at the service on the day of our inspection, including two people who were in hospital.

A registered manager was not in post in the service. 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 provider had notified us as required that the registered manager had resigned. An interim manager was newly appointed to lead the service until the new manager could take up their post.

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Risk

Summary of findings

management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the home.

Medicines were safely stored and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively.

Staff were well trained and used their training effectively to support people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff were kind and caring in their approach to people. People's dignity and privacy was respected. Visitors were welcomed and people were supported to maintain relationships and participate in meaningful activities.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they needed. People told us that they received the care they needed.

People living and working in the service had opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider had robust systems in place to check on the quality and safety of the service provided, to put actions plans in place where needed, and to check that these were completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risks had been identified and actions put in place to limit these. Staff recruitment processes were thorough to check if staff were suitable people to work in the home.

There were enough skilled, experienced staff to meet people's needs safely.

The provider had arrangements in place to store and administer medicines safely.

Good

Is the service effective?
The service was effective.

Staff received training and support to enable them to care for people effectively.

The principles of the Mental Capacity Act 2005 (MCA) were understood and carried out by staff. The Deprivation of Liberty Safeguards (DoLS) were understood by the management team and being applied.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

People had access to healthcare professionals when they required them.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect. Staff knew people well.

People who lived at the service and their relatives were encouraged to be involved in the planning and reviewing of their care.

People were supported to maintain important relationships.

Good

Is the service responsive?
The service was responsive.

People's care plans reflected current information to guide staff on the care people required to meet their individual and assessed needs.

People were confident that were listened to.

Good

Is the service well-led?
The service was well led. The provider had taken appropriate steps to ensure effective management of the service while a registered manager was not in place.

The provider had systems in place to check and improve the quality of the service people received.

People had opportunity to comment on the service and their comments were responded to.

Good

Ashlar House

Detailed findings

Background to this inspection

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

This inspection was undertaken by one inspector on 3 and 4 June 2015.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people and five of their visiting friends and relatives. As well as generally observing everyday life in the service during our visit, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager, seven staff working in the service and a healthcare professional.

We looked at five people's care and medicines records. We looked at records relating to staff training and support in the service. We also looked at the provider's arrangements for managing complaints and monitoring and assessing the quality of the care provided at the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person told us, “I am happy here, I feel well looked after and safe for sure.” Relatives told us they felt confident that people were safe at the service. One person said, “I do feel [person] is safe here, [person] has had far fewer falls since they have been here. The staff phone me about everything and I feel so reassured.” Another person said, “You never leave here worrying about your loved one.”

Safe recruitment and selection processes were in place. The provider had taken steps to assess if staff were of suitable character and competence to work with people. Staff told us that they were interviewed and that the provider took up references from their previous employer before staff started working in the service. Records confirmed that the recruitment process was thorough and that the prospective staff member’s criminal history record had been checked.

There were suitable arrangements to safeguard people. This included reporting procedures and a whistleblowing process, which staff were aware of. Staff told us they received training and updates to help them identify how abuse could occur in a care home setting so as to help them safeguard people. Staff were knowledgeable on how to identify and report abuse and poor practice and confirmed they would do this.

The service had clear emergency procedures in place in the event of a fire or for if the home had to be evacuated for any other reason. Staff told us they felt confident in dealing with emergency situations and we saw this in practice when a person became unwell. Personal evacuation plans were in place for each person. Fire alarms and call bells were tested routinely to make sure they were in good working order to keep people safe.

Staff were aware of people’s individual risks such as falls or poor nutrition. The provider had procedures in place to identify risks and to put plans in place to limit their impact to promote people’s safety. People’s care plans identified any individual risks such as fall and included information to guide staff to manage this safely. Risks relating to the environment had been assessed and plans put in place for safe management of the service.

There were enough staff available to meet people’s needs safely. People told us that staff were available when they needed them. Throughout the inspection we saw that people were given assistance when they needed it. The provider had introduced a new method of assessing staffing levels based on people’s needs. Staff told us that staffing levels were suitable and allowed them to give people a safe level of care.

The storage and administration of people’s medicines were safely managed. We observed staff administering people’s medicines and saw this was done safely and with respect. People told us that staff asked them if they needed pain relief. Medicines records were consistently completed. We noted a discrepancy with a limited number of medicines that were stored in boxes and not in the monitored dosage system. The manager reassured us that a daily check would be put in place for these immediately to ensure better accuracy of the records. Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when “as required” medicines should be given and when they should not.

Good

Is the service effective?

Our findings

People spoke positively about staff working at the service. On person said, “They are quite good.” A relative told us that no matter what happened staff, “Soldiered on.” The relative said, “The carers try very hard. The key factor here is the care staff; we would be lost without them.” Another person said, “The carers and all the staff are fantastic.”

People were supported by staff who had received the appropriate training and supervision for their role. Staff had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. Staff competence was assessed throughout their induction in line with training and learning opportunities provided. Staff told us that the induction and training provided them with the knowledge they needed to meet people’s needs safely and effectively.

Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. We observed that staff used the training effectively to support people, for example while using equipment to help people move from one place to another, when gaining people’s consent or when administering people’s medicines. Staff told us that they felt well supported in their work through regular supervision and staff meetings.

Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people’s capacity in care records.

Staff sought people’s consent before providing all aspects of their care and support. People’s decisions, such as their wish to receive emergency interventions, were recorded. Relatives told us that, where people did not have capacity to consent to care and treatment, staff checked with them to ascertain people’s wishes where possible. Where people were unable to make decisions, such as to take their medicines, we saw that decisions were made in people’s best interests with the support of their relatives and health professionals. We heard staff check with people that they were happy with what was happening and that the pace suited the person.

People were supported to eat and drink sufficient amounts of their choice and told us they enjoyed the food. One person said, “The food is nice and there is plenty of it.” We saw that people were offered a choice of nutritious food in accordance with their dietary needs. Catering staff supervised the meal service and knew people by name. Care and catering staff were very knowledgeable about people’s dietary requirements and staff assisted people to eat where needed.

People received the support they needed to ensure they received a nutritious diet. Snacks, including fresh fruit, were available throughout the day and people were involved in their preparation. One person said, “We have plenty of drinks always, tea or coffee and a cold choice.” People who were at risk of not eating or drinking sufficient amounts were monitored to ensure their needs were met and their food was fortified. Where there were concerns, this was referred to the appropriate medical professional. A health professional told us that, for example, they had seen staff explain to people what was in the well-presented sandwiches, serve them with respectfully serving tongs, and to ensure people had plenty of drinks.

People were supported to maintain good health and had regular access to health professionals when required. This included GPs, opticians and chiropodists. Relatives told us that people’s health care needs were well catered for and they were supported to access external health support services. We saw that staff monitored people’s health and wellbeing and took action to contact emergency services for them when needed. A health professional told us that staff knew people and their needs well and always provided appropriate information.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, “They are nice to me.” One relative said, “The staff are lovely. They are kind and they speak to people in a nice way. They encourage [person] to eat. They are very good at distracting [person] kindly to make sure [person] does not get upset when we leave. They are really good and [person] is well looked after.” Another relative told us, “The carers and all staff are fantastic, they are really caring.”

We saw and heard staff interact with people in a caring and respectful way. Staff addressed people by their preferred name, and chatted with them about people in their lives and everyday things such as having their daily newspaper. This showed that staff knew about what was important to the person. We saw that people living in the service and staff spoke to each other freely and laughed together.

Staff were able to communicate with people in a way that helped them to understand what was being said and gave people the opportunity to make choices. We saw, for example, that at lunchtime, staff brought two plated meals to people who were unable to clearly make a verbal choice about what to eat. Staff gave people time and observed people’s responses, such as by pointing, so that people were involved in making their own decisions about which meal to choose.

People told us they were involved in making decisions about how they spent their day and about the care they received and that staff treated them well. Relatives told us they were very much involved in care planning and reviews to support people living in the service. Staff were aware of the things that mattered to people, such as keeping religious objects near them or having time alone in their own bedroom.

People’s privacy and dignity was respected. People could choose whether to spend time in the communal areas, or in their own bedroom. We saw that, if people were in their bedrooms, staff knocked on the door and waited to be invited in before entering the room. We noted that staff closed people’s doors before providing any personal care to them. People’s right to confidentiality was respected and their personal information was securely stored. People told us that staff respected their independence. One person said, “They ask me, but I can do things and they help me anytime I need it, I just have to say.” Another person said, “I can do what I can for myself.”

Visitors told us they always felt welcomed at the service and could visit without restriction. One person told us they came at different times and often stayed late into the evening. A health professional told us that staff were always very welcoming and approachable when they visited the service. A relative said, “I always feel welcome. Staff will offer you a cuddle too sometimes when you need it, they are friendly and caring.”

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and wishes and that they received a level of support that suited them. One person said, “I am happy here and well looked after. I have to spend a lot of time in bed. The staff move me regularly when I am in bed and help me to sit out in my chair too.” The person’s care plan showed that this was preventative care to reduce pressure on parts of their body as the person was at risk of developing pressure ulcers.

People’s care records contained an assessment of their individual needs and included the views of the person, or their representative. This provided information on the person’s needs and how they liked to live their life. Plans of care were in place to give staff clear guidance on how to meet people’s needs and respect their preferences. Care records showed people’s life history and for example, where a religious belief was important to them. This gave staff a view on what mattered to people so that it could be acknowledged and reflected as part of their life in the service. Staff knew about the people they cared for and their needs, personalities and preferences. They were able to tell us how they supported people’s individual needs, for example, how best to encourage people to eat well or to reassure them when they became upset.

Staff told us that they understood the things that caused some people to become anxious at times and what to do to help the person to become calm when this happened. One person’s care plan indicated that the person could be anxious and upset and advised that staff should offer verbal reassurance and appropriate physical contact. We saw that staff noticed the person speaking in a faster and louder tone and clearly becoming distressed. A staff member went closer to the person and said, “I love you, [person’s name]. Would you like a hug?” The person responded to this immediately and spoke with the staff member in an ordinary way. In line with another person’s care plan, staff spoke a simple phrase in a language known to the person and which helped them to relax. This showed that people were cared for by staff who understood them and knew how to respond to their individual needs.

People told us that a range of activities and social occasions were available to them to meet their needs and preferences. One person said, "I do go down to some of the activities. We had a man singing yesterday, it was good.” Another person said, “Staff are nice, we make cakes.” The member of staff employed to arrange social activities was on leave at the time of our inspection. A relative said, “I wish [person] could do more but it is difficult to get them interested in anything.” We noted that all staff took part in engaging and supporting people in interactions and activities as opportunities arose during the day. This included involving them in looking at magazines or going into the courtyard garden to enjoy the sunshine. One person said, “I love to sit outside. It makes the world of difference to be outside, they take me.”

People told us they felt able to express their views about the service and felt they would be listened to. One person told us, “I have no complaints at all.” Another person said, “I could tell them if I had any worries, you would just have to say.” The provider had a clear system in place to manage complaints and to show they were investigated and responded to. Information on how to access the complaints procedure was displayed.

Good

Is the service well-led?

Our findings

The provider had notified us as required that the registered manager had resigned their post. A new manager had been selected but was not yet working at the service. A temporary manager had just been appointed to lead the service in the interim period. This manager was being supported by the regional manager until they became familiar with the service, its procedures and the people living and working there.

Relatives told us that they felt that changes were unsettling when long-term staff left and they felt there was not so easy a flow of communication. They were looking forward to having a new manager in post so that there was a full management team. One person told us that the recently appointed deputy had a positive impact on the leadership in the service and said, "The deputy manager is very approachable and awfully nice. Staff seem more supported. We are hopeful for the newly appointed manager and that all will go forward in a positive way". A staff member said, "We will have more support soon as the new manager is a qualified nurse so there will be more peer support."

The provider had an established quality assurance system in place. Checks and audits took place within the service. Information from audits completed was sent to the provider to be analysed to identify any patterns so that action could be taken for improvement. We saw that actions plans from audits were put in place, for example new carpets had been laid and new bins for clinical waste made available. Some actions had been taken to ensure the premises and equipment was supportive to help people with orientation and to recognise individual spaces and places. This included the frames that allowed familiar images, such as photographs, to be securely added to people's bedrooms doors. The provider's representatives visited the service routinely to check the quality and safety of the service. Actions plans were checked by the provider's representative on their visits to the service.

People had opportunities to offer their views on the service and be listened to through meetings and satisfaction surveys. The visits by the provider's representative included talking with people and staff to check that actions were followed up to ensure continual improvements to the service for people The interim manager had arranged a meeting for people and their relatives. A manager's surgery was available where people could meet privately with the manager. The summary of last year's survey confirmed that people were satisfied with the service provided.

There was an open and supportive culture in the service. Staff told us the management team were supportive and approachable. One staff member said, "You need good leadership. We did not have it but we do now. The nurses are spot on. Morale is much better, there has been a change of staff and teamwork is much better." Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Staff reward schemes were in place to support good staff morale and a feeling of involvement in the service.