Care and Resolve Limited

Ashmill Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

What life is like for people using this service:

• People's rights to privacy were not always respected by the staff that supported them and their dignity was not always maintained.

• Staff had not received equality and diversity training and their knowledge of the subject area was basic. Staff supervision was inconsistent and discussions were not recorded.

• Quality assurance and audit systems were not always effective for monitoring service provision and daily records were not being completed fully as staff were not always clear about their roles and responsibilities.

• People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

• Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

• Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.

• People were treated with kindness and compassion. People were supported to express their views and be actively involved in making decisions about their care and support needs.

• People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

• People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The views of people and their relatives on the quality of the service, were gathered and used to support service development.

At the last rating inspection in June 2016, the service was rated Good. At this inspection we found the service was rated as Requires Improvement.

Rating at last inspection: Good. The last report for Ashmill Residential Care Home was published on 15/06/2016.

About the service: Ashmill Residential Care Home is registered to provide care for 19 people. The service cares for people with learning disabilities or autistic spectrum disorder, mental health, dementia, eating

disorders, drug and alcohol misuse, physical and sensory impairments. and at the time of our visit they were providing care and support for 16 people.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has now been rated as Requires Improvement overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service has deteriorated to requires improvement because staff had not received equality and diversity training and staff supervision was inconsistent and discussions were not recorded.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service has deteriorated to requires improvement because staff did not always respect people's privacy and dignity.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service has deteriorated to requires improvement because daily records were not always completed and staff were not adhering to their roles and responsibilities.

Details are in our Well-Led findings below.

Ashmill Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of a lead inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of experience are mental health and autism.
Service and service type: Ashmill Residential Care Home is registered to provide accommodation and care for people with learning disabilities and autistic spectrum disorder, dementia, mental health issues and physical or sensory disabilities.
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was a comprehensive inspection which took place on 11 December 2018 and was unannounced.

What we did when preparing for and carrying out this inspection: When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also contacted the Health Watch Birmingham who provide information on care services.

Inspection site visit activity started on 11 December 2018 and ended on 11 December 2018. It included discussions with people who use the service, their relatives, members of care staff and the registered manager. We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally. We visited the office location on 11 December 2018 to see the manager and office staff, and to review care records, policies and procedures.

During our visit we looked at the care records of three people and three staff files as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm
Good: People were safe and protected from avoidable harm. Legal requirements were met.
Systems and processes

●People we spoke with told us that they were confident that care staff kept them safe and secure. One person we spoke with told us "I feel safe as I have trust in the carers [staff]".
●We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
●Staff we spoke to told us that they had received training on keeping people safe from abuse and avoidable harm and were able to give us examples of the different types of abuse. One member of staff we spoke with said, "If I was concerned that someone [person] was being abused, I'd inform a senior [member of staff] and record it".
●Staff we spoke with understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
●The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

●We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with gave us an example of how they ensured food was correctly prepared and offered to people who were at risk of choking, they went on to say that people's risk assessments are in care plans and that staff are quizzed by senior staff on them occasionally.
●The registered manager told us that people's risk assessments were reviewed regularly, although informal observations were carried out daily and any changes are added to people's care plans.
●We saw that risk assessments were reviewed on a regular basis, demonstrating that staff were aware of the risks that each person might be susceptible to.

Staffing levels

●A person we spoke with told us there were enough staff around to support them during the day. They said, "I feel safe as someone [staff] is always about".
●We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
●We saw there were sufficient numbers of staff to meet people's needs.

●The provider was in the process of recruiting a cleaner in order to take some of the cleaning responsibilities away from care staff.

Using medicines safely

●People received their medicines safely and as prescribed. A person we spoke with told us that they felt safe as all their adaptions and equipment is regularly reviewed as is their medicines.
●We saw staff administering medicines to people. They spoke to people throughout and ensured they were taken as prescribed.
●The provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines. Systems were also in place regarding the storage and safe disposal of medicines. Staff had received training on how to manage and administer medicines.

Preventing and controlling infection

●Staff understood how to protect people by the prevention and control of infection.
● A member of staff we spoke with told us that they clean people's rooms after personal care, they disinfect beds and are provided with the appropriate resources by the provider.
●Throughout our visit we saw staff using gel hand dispensers and wearing gloves when providing care and support.

Learning lessons when things go wrong

●The provider demonstrated they assessed and learnt from mistakes.
●The registered manager explained that all accidents, incidents or 'near misses' were analysed.
●There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place.

Requires Improvement

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence
Requires Improvement: People's outcomes were not consistently good, and people's feedback confirmed this.
Staff skills, knowledge and experience

●Staff did not always receive appropriate training required to meet people's needs. We saw that there was no Equality and Diversity training in place and staff understanding was at a basic level. One member of staff we spoke with could not explain what diversity meant and when asked about equality said, "everyone should be treated the same". Following the site visit the provider contacted us to say that this training had now been scheduled.
●We saw that the provider had training plans in place which were reviewed and updated on a regular basis. We saw that the registered manager responded to training requests made by staff.
●Staff told us that the regularity of supervision meetings was inconsistent. A member of staff we spoke with told us, "[Registered manager's name] is 'on the floor' a lot, but I haven't had supervision for six months". The registered manager told us that structured supervision sessions were not carried out as frequently as they would like and that they were not always recorded. They explained that this was due to the number of staff they were managing.
●We saw that the registered manager was visible around the home and they operated an open-door policy for informal discussion and guidance when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●We saw the provider had processes in place that involved people in how they received personalised care and support.
●From looking at people's care plans we saw that their care needs were supported and that they were involved in the assessment process.
●Staff could explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs.

Ensuring consent to care and treatment in line with law and guidance

●The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
●All the people living at the location had capacity to make informed decisions about their care and support

needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

●Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

Supporting people to eat and drink enough with choice in a balanced

●People we spoke with told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with said, "The food is fantastic, they keep me a little restricted [diet control], so I don't put too much weight on, which is good for me". They went on further to say that there were usually three choices of meals.
●Staff were aware of how to ensure that people maintained a nutritious and healthy diet. A member of staff we spoke with told us how they supported a person who was on a lactose free diet by ensuring that there were no dairy products in their meals.
● Staff supported people to maintain a healthy weight by ensuring that they ate a balanced diet. Dieticians and the Speech and Language Therapy team [SALT] were consulted to provide advice on health and nutrition.

Staff providing consistent, effective, timely care

●The provider supported people with their health care needs. A person we spoke with told us that the provider ensured they attended regular appointments with the doctor, dentist and chiropodist.
●Care staff we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff we spoke with told us that if they noticed a change in someone's health they would notify the manager.
●We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

Adapting service, design, decoration to meet people's needs

●People's individual needs were met by the adaptation and design of the premises. We saw rooms decorated to people's individual tastes which reflected their personalities and interests.
●A member of staff told us how they had recently widened the door to a person's room to accommodate their wheelchair.
●We discussed, with the registered manager, our observations that the location was in need of redecoration, for example; walls had been damaged where wheel chairs had scraped them. The provider was able to provide us with information to show that there was a refurbishment plan in place.

Requires Improvement

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Requires Improvement: People were not always supported and treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

●Care staff did not always respect people's privacy and dignity. A person we spoke with told us how staff had often entered a bathroom, without knocking, whilst they were using the toilet, despite the registered manager placing a sign instructing staff to knock doors before entering. The person told us that they now had a commode in their room to mitigate future incidents. Following our visit we received confirmation from the provider that staff would be attending additional privacy and dignity training.
●There were no restrictions on visiting times and family members were free to visit at any time.
●People were encouraged to be as independent as practicable. A member of staff told us that they encourage people to do as much for themselves as possible, especially personal care and when eating.

Ensuring people are well treated and supported

●People we spoke with told us that staff treated them with kindness and compassion. One person said to us, "They've [provider and staff] been brilliant, it's all good here". They continued, "If you've got to be stuck in a home, this is the place to be".
●People were encouraged to express their views on how they preferred to receive their care and support.
●We saw caring interaction between people and staff throughout our visit. A person we spoke with told us, "I get confused but they [staff] are ever so nice to us".

Supporting people to express their views and be involved in making decisions about their care

●The provider supported people to express their views so they were involved in making decisions on how their care was delivered. We saw records of regular meetings with people using the service.
●A member of staff we spoke with told us how they coloured a person's hair every month because this was important to them. The member of staff also ensured that while they were telling us this, the person was involved in the conversation.
●We saw that care plans were in the process of being reviewed and updated to ensure that peoples care and support was specific to the person's needs. This was being done as part of an agreed action plan with the local authority.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

●People received personalised care that was responsive to their needs. A person we spoke with said, "The carers [staff] take me shopping or to the theatre, I'm scared to go on my own as my memory isn't too good and I get nervous on my own".
●One person we spoke with told us how staff did not always have time to provide quality 'one to one' interaction. We discussed this with the registered manager who explained that the introduction of a new member of cleaning staff would free up more time for staff to interact.
●Staff we spoke with told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives.
●A person we spoke with told us, "The staff really want to get to know you, they often 'hide' in my room and chat to me".
●We found that staff knew people well and were focussed on providing personalised care.
●One person told us, "My favourite carer [staff member] is [staff name], she does everything for me, she is like my shoe, she fits me well".
Improving care quality in response to complaints or concerns
●We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service. At the time of our visit there was a complaint which the provider was investigating and responding to regarding a person's right to privacy and dignity.
End of life care and support
●The provider had processes in place to support people who required end of life care and support. There were no people living at the location that required this level of support.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: The service was not consistently managed and well-led.

Continuous learning and improving care

●The provider was in the process of improving its quality assurance systems following an inspection by the local authority, where it was identified that the provider was inconsistent when reviewing documents, such as care plans. It was also identified that some daily records were not being completed, for example; cleaning rotas. The provider was in the process of addressing these issues via a local authority action plan.
● Despite the action plan we saw that systems to improve staff practice were not fully effective as some daily records were still incomplete. We discussed this with the registered manager who acknowledged that there were still improvements to be made regarding staff practice.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

●Staff were not always clear about their roles and responsibilities, we saw numerous instances when daily records and quality assurance records had not been completed, for example; cleaning and infection control records.
●People were not always treated with dignity and despite instruction from the registered manager, staff were not consistently following guidelines. For example; reminders to knock on doors before entering.
●A member of staff we spoke with told us that the registered manager and other senior members of staff were supportive and responded to their personal or professional requests. ●Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings.
●Staff we spoke with told us that they felt that they were listened to by the registered manager.
●The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.
●Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
●Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

●People and staff were involved in making decisions about how the service was run. We saw a poster on the wall which read; 'You said you wanted a cleaner, we have advertised for a cleaner'.
●We saw copies of meetings with people and staff which showed they were consulted on how the service ran.
●The Staff all seemed to work together as a team and there was a positive atmosphere at the home. We saw people and staff interacting with each other through the day, sharing jokes and enjoying each other's company.

Engaging and involving people using the service, the public and staff

●We saw the provider regularly engaged with people and staff members for their views on the service. Feedback was collated from meetings, questionnaires and informal discussion and used to develop service provision.
●Staff told us they were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
●The registered managers had developed close working relationships with other health and social care professional, which ensured that people's physical and health needs were promptly met.

Working in partnership with others

●The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attend meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.