

Ashby Court Limited

# Ashby Court Limited

## 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 took place on 16 March 2016 and was announced. We gave the provider 48 hours' notice so that we could be sure that people using the service and staff would be available for us to speak with.

Ashby Court is a complex of 50 privately owned self-contained apartments. People living in Ashby Court have access to communal lounges and a restaurant. The provider offers personal care, for example support with washing and dressing, for people who want that service. At the time of our inspection eight people received support with personal care.

The service had a registered manager. 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.

People told us they felt safe when they received personal care. Staff understood and practised their responsibilities to protect people from abuse and avoidable harm. People were able to summon help from their apartments using call alarms that were fitted in every room.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments lacked detail, but staff had a good understanding of people's needs and knew how to support people safely.

The provider's recruitment practice aimed to ensure as far as possible that only staff suited to work at Ashby Court were employed. Recruitment documentation was incomplete in two recruitment files we looked at, but the registered manager assured us that procedures had been followed but not all actions were recorded. Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the eight people using the service.

None of the people using the service required support with their medicines beyond being reminded or prompted to take their medicines at the right time. All staff were trained in handling of medicines.

People were cared for and supported by staff who had the appropriate training and support to understand their needs. Staff were supported through supervision, appraisal and training.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it.

People using the service were independent and able to meet their own needs with regard to nutrition and access to health services. Some people who required support, which was minimal, received that support.

Staff were caring and knowledgeable about people's needs. People were supported by the same staff and developed caring relationships with them.

People were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. Staff treated people with dignity and respected their privacy.

People contributed to the assessment of their needs and took part in reviews of their care plans. People's care plans were centred on their individual needs. People knew how to raise concerns if they had any and they were confident they would be taken seriously by the provider.

People using the service and staff had opportunities to be involved in developing the service. People's feedback was acted upon. People told us the registered manager was easily approachable and that they kept people informed about actions they were taking in response to their feedback.

The provider had effective arrangements for monitoring the quality of the service. Quality assurance procedures were used to identify areas for improvement.

## 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.

Staff understood and practised their responsibilities for protecting people from abuse and avoidable harm.

Suitably skilled and knowledgeable staff were deployed to meet the needs of people using the service.

People were reminded or prompted to take their medicines at the right times.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the right skills and knowledge to be able to meet their needs.

Staff were supported through supervision, appraisal and training.

Staff understood their responsibilities under the Mental Capacity Act 2005.

When people required it, they were supported with their nutritional and health needs.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people they supported.

People were involved in decisions about their care and support.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was centred on their

individual needs.

People knew how to raise concerns and they were confident their concerns were listened to and acted upon.

**Is the service well-led?**

**Good** ●

The service was well led.

People using the service and staff had opportunities to be involved in developing the service.

People using the service and staff knew how to raise concerns and were confident that managers took their concerns seriously.

The provider had effective arrangements for monitoring the quality of the service.

# Ashby Court 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.

This inspection took place on 16 March 2016 and was announced. The provider was given 48 hours' notice because the location includes a domiciliary care service providing personal care for some of the people who live in Ashby Court which is a complex of privately owned apartments. We needed to be sure that the registered manager and staff would be available.

The inspection team consisted of an 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.

Before the inspection, we asked the provider to complete 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 what improvements they plan to make.

We spoke with all eight of the people who received personal care and a relative of one of those people. We looked at their care plans and associated records. We looked at information about the support staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff who were suited to work at Ashby Court. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager, a regional manager, two duty managers and a care worker.

# Is the service safe?

## Our findings

When we spoke with people using the service we asked them whether they felt safe. They all told us they did not have any concerns about their safety. They confidently expressed that they were safe. People's comments included, "I feel absolutely safe", "I feel safe, certainly", "I've always felt safe here" and "It is very safe, very secure at night".

People explained why they felt safe. A person told us, "As soon as I ring the call-cord the staff answer". Another person told us they felt the building was secure. They told us, "No worries here, no-one's allowed to come in if you don't want them to". People told us their knowledge that a duty manager was always present and available helped them feel safe. Every room in people's apartments had a call-cord and all communal areas also had call-cords that were accessible. A person told us, "I fell down once in the bathroom. Staff were here like lightning". Another person told us, "I had a fall, I rang the call bell, they came immediately". People could therefore feel safe and confident that they could summon help or assistance in any part of the building.

The provider had policies and procedures for protecting people from abuse and avoidable harm. Staff we spoke with told us they received training about safeguarding people. They knew how to recognise signs of abuse and how to report any concerns they had. They told us they were very confident that if they raised any concerns with the registered manager they would be taken seriously. People using the service also told us they felt comfortable and confident about raising any concerns. A person told us, "If I had any concerns I would speak to the manager, though I haven't had any problems". Another person told us, "I'm quite safe thank you. I'd speak to the manager if there was a problem".

People were supported safely when they received personal care. A person told us they felt safe when they were supported with personal care and that on occasions they asked that the care worker was simply present rather than being actively involved in personal care. Another person told us, "I can do most things myself; they encourage me to do that".

People's care plans had risk assessments of activities associated with their personal care routines. The risk assessments were basic. The assessments were limited to stating whether a person was independent, and therefore able to care for themselves, or whether they required supervision during personal care. The assessments did not state what the risks to a person were. For example, whether a person was likely to fall in a shower if they were not supported or if they had sensitive or fragile skin that could be harmed if they were not supported to wash. None of the people we spoke with felt at risk and none had experienced any injury during personal care routines. However, we mentioned to the registered manager that the risk assessments lacked detail. They told us risk assessments would be reviewed.

There were enough skilled staff deployed to keep people safe and meet their needs. People we spoke with told us they felt safe because enough suitably skilled staff who understood their needs were always available. A person told us, "There are enough staff to look after my needs". Another person told us, "There are lots of staff, it is never short staffed". The registered manager explained that a duty manager was always

on duty. A duty manager organised teams of staff and ensured that people who required support with personal care received that support at times that had been agreed and when they wanted. We saw a staff rota which showed that enough staff were on duty.

The provider operated recruitment procedures aimed to ensure that only staff suited to work at Ashby Court were employed there. We looked at how recruitment procedures were used for two recent recruits. The providers documented recruitment procedures were compatible with the requirements of regulation. However, we found that recruitment documentation for two staff was not fully completed. For example, gaps in a person's employment history were not accounted for or recorded. When we spoke with the registered manager about this they knew about the recruit's employment histories and reasons for gaps in employment.. They told us they would add to the information in the recruitment files we looked at.

People using the service managed their own medicines. A person told us, "I have to take three tablets, I do it myself, they are marked by day". Another told us, "Yes, I do take medicine. It comes from the pharmacy, I do it myself, staff not involved". Support was limited to reminding or prompting people to take their medicines. Where staff did that they recorded whether a person had taken their medicines. All staff had training in the safe management of medicines. They were aware of and had access to the provider's medicines management policy. Staff kept records of the supplies of medicines people had and supported people with repeat prescriptions. New supplies of medicines were delivered by the supplying pharmacist directly to people's apartments.



# Is the service effective?

## Our findings

People were supported by staff with the right skills and knowledge to meet their needs. People using the service told us they felt that staff had the right skills and knowledge to meet their individual needs. Comments from people included, "My carers are very good; I think they are very well trained", "As far as I'm concerned, yes the staff know how to do their job", "I think they are very professional the way they go about the job", "I think they are good, look after us very well" and "I've no grumbles about the staff. They couldn't have any better".

Training for new care workers included a six week induction during which they worked through a work book covering adult social care and the needs of people using the service. The work book was marked and rated by the registered manager and progress was discussed with the care worker. The induction period included two weeks of shadowing an experienced care worker which gave new care workers an opportunity to meet and get to know people using the service.

Training continued after care workers had completed their induction. A care worker we spoke with told us, "We have loads of training. I've been in care work for 20 years but we always learn new things in training". A record of staff training we looked at showed that staff had received training in important subjects such as safeguarding people, supporting people with their mobility, dementia and medicines management. Staff we spoke with told us that their training had equipped them to carry out their roles. The training staff attended was evaluated and marked. All staff had achieved marks of over 90% for their 'course' work. The registered manager carried out observations to monitor how staff put their training into practice.

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 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. We checked whether the service was working within the principles of the MCA.

All of the people using the service were presumed to have mental capacity to make their own decisions about the care and support they received. That was the correct position to take, because under the MCA a person must be presumed to have mental capacity unless there is evidence to the contrary. The registered manager demonstrated understanding of the MCA when we spoke with them. Staff we spoke with were aware of the MCA. They understood that they could provide care and support to a person using the service only with the person's consent. A care worker told us, "I wouldn't ever do something without first asking the person." They understood that a person could give consent verbally or by gesture. A person using the service told us, "The staff don't do anything without my agreement or without asking me first."

None of the people using the service had nutritional needs that they require support with. Support from staff was limited to preparing meals or supporting people to make their meals. Most people we spoke with told

us they did their own cooking and organised their food shopping. People had access to a restaurant that had a five star food hygiene rating. A person told us, "I have my lunch in the dining room; it's very good on the whole. We have a set menu each month to choose from. Mealtimes are quite enjoyable". Other people told us they cooked their own meals and did not require support with eating and drinking.

People who used the service were supported to access health service when they needed them. All the people we spoke with told us they arranged their own appointments with healthcare specialists. A person told us, "I arrange all my health visits" and others told us they or a relative did that. This showed that whilst staff were attentive to people's health and well-being, they also respected people's independence and ability to make important decisions for themselves.

However, staff did support people who required more immediate support, for example if a person summoned help or if a care worker identified that a person required a doctor or other health professional. A relative of a person using the service told us, "On occasions he has been in pain. They sorted it straight away".

# Is the service caring?

## Our findings

Staff developed caring relationships with people they supported. People we spoke with told us that staff were kind and considerate. Two people told us they had developed a caring relationship with care workers because of how kind they were. One told us, "They are caring and respectful; they treat me like a mum"; and another said "Yes, they are very caring, definitely, they have become friends". Other comments included, "All the staff are very nice indeed, very polite", "We get on ever so well", "They are very caring and respectful, very" and "Staff are very kind and understanding".

People told us they were able to develop a caring relationship with staff because they were mainly cared for and supported by the same care workers. A person told us, "I think my care is very personal, I see the same carer, and I build up a rapport with her". A care worker we spoke with told us that they developed a caring understanding of people because they learnt about people's needs. They told us they did this by reading people's care plans, speaking with people and exchanging information about people with other staff who were involved in people's care and support. People felt they mattered to the staff. They told us some of the reasons why they felt that. A person told us, "The carers, always very pleasant and chatty". Another told us, "I've always found they are very good, the girls come and take me out. I never have to ask, they know and do it, they take over, I like that". People told us that staff recognised when a person might be feeling unhappy and that staff help lift people's mood. A relative of a person using the service told us, "They are very good; they cheer [person using service] up in the morning".

People were supported to be independent. People told us they received the support they needed and that they were supported to do as much for themselves as they could. People using the service were involved in decisions about their care and support. A person told us, "We were fully involved in the care [spouse] needed". Another person told us, "We have chats [with staff] about my care, and we make changes when needed. The manager has always got time for me". People using the service knew about their care plans which included information about their care and support. A person told us, "I've seen my care plan". Another told us, "I have a care plan. A carer went through it with me recently". Staff respected people's choices about whether they received care. That showed they understood people sometimes wanted to be more independent than at other times. A person told us, "The care staff are pretty good when needed, but we can look after ourselves when we want".

People were given information about their care and support. A person told us, "I was put in the picture about my care choices. I agreed what was needed". All of the people using the service had a 'service user guide' that included information about the service and how it could support them. The service user guide included information about independent advocacy services people could use if they wanted support with raising any concerns.

People told us that they could be visited by relatives and friends whenever they wanted. The foyer was manned by staff who let people know when they had a visitor. People told us, "My relatives visit when they like", "There are no restrictions on visitors whatsoever" and "Friends come and go when they want".

Staff respected people's privacy. A care worker told us, "The flats are people's private homes and we respect that." People we spoke with confirmed that. A person told us, "They knock on the door and wait for me to shout 'come in'. Another said, "They know to knock on my door first; I'm expecting them so they just identify themselves". A third person told us, "They always ring the bell and ask can I come in, always polite".

The registered manager told us that they regularly asked people using the service about how care workers supported them and whether they did so with dignity and respect. People confirmed to us that they were regularly asked for their views about that. This showed that the provider made sure that staff supported people in line with people's care plan and the provider's policies for treating people with kindness and respect.

Information about people, for example office copies of people's care plans and people's care records were securely stored. Those records were accessible only to people authorised to see and use those records.

## Is the service responsive?

### Our findings

People we spoke with told us they received care and support that met their individual needs and preferences. A person told us, "I get very good support. The staff do everything that is in my care plan. I cannot fault the care I get". Another person told us, "They come in specifically to look after my needs". Other comments from people included, "The care I get is based on my needs" and "The carers look after me very well".

People told us they were supported to be as independent as they wanted to be. A person told us, "I am independent but help is there if I need it". Two people told us, "I get up when I like and dress myself. Occasionally my carer will help me dress" and "I do all my health stuff myself. I can shower on my own. They are here when I have it". Another told us, "I think everything [about the care and support] works well. If you get staff too involved you lose your independence, that's what it's all about living here". This showed that people's care was not intrusive and that people were supported to do as much for themselves as they wanted.

All the people we spoke with told us that they received care and support at times they wanted and expected. A person told us, "Our time slot is 8.00am so we get up at 7.30am before the carer comes. We agreed the time slot". They received a rota showing which care worker would be supporting them and when. A person told us, "I get a four week rota so I know who is coming. They are punctual." People told us it was important to them that they were supported by the same care workers and that this was what they experienced. A person told us they felt their care was personal because they were supported by the same care worker most of the time. They also told us that care workers supported them with all the routines that were in their care plan. A person told us, "All the carers are good. They do everything that is in my care plan".

Care plans we looked at contained evidence that people contributed to the assessments of their needs. The care plans included details about the care and support people wanted. Four people we spoke with told us they knew about and looked at their care plans. When we looked at records that care workers made at the end of each visit we saw that the notes provided assurance that they supported people with the care routines detailed in people's care plans. A person using the service told us, "I sometimes look at the daily records and read them. I always find that the notes are accurate". The daily records were checked by a duty manager to verify whether the records showed a person had been supported in line with their care plan. People using the service could be confident that they received support that was detailed in their care plans.

People's care plans were reviewed every month by a duty manager and people were involved in the reviews if they wanted to be. A person told us, "My care plan is reviewed monthly with the duty manager". Another person told us, "We have meetings every month to review it [care plan]". A person told us they felt their views at care plan reviews were acted upon. They told us, "Oh yes, when I do my care review, I decide what happens about my care". What people told us and what we saw in care plans and care records showed that people were satisfied with how their care was planned and delivered.

People using the service had access to the same activities that all other people living at Ashby Court were

able to enjoy. A person told us, "We get a note round telling us about activities. They are also on the board in reception and dining room". Other comments about being informed of activities included, "I get a social calendar every month. I go downstairs to the events sometimes"; "We have a monthly activities list. From my point of view there is enough to do" and "We have a social calendar delivered each month, there's always one in the foyer as well". People looked forward to activities as shown by a person's comment that "I get a list of the activities at the beginning of the month they are excellent. There is a casino evening tomorrow". This showed that people using the service were well informed about activities that were available to them.

People had opportunities to participate in a variety of activities. A person told us, "I can do what I like, I do jigsaws, read, go on the computer in the office or in my room". Another told us, "I play the keyboard [located in a communal lounge] which I enjoy". People with religious needs were supported with those needs. The provider had arranged representatives of different churches and faiths to visit Ashby Court to provide faith services.

The provider organised meetings for people using the service and people living in Ashby Court to discuss activities. A person told us, "There is a social committee meeting every month". People had opportunities to suggest activities they'd like organised. Another person told us, "We get feedback afterwards". People told us about outings to theatres, cinemas, canal trips and places of interest that were organised after they'd made suggestions at the meetings. This showed the provider acted on people's views and suggestions.

People using the service had access to a complaints procedure. Information about how to make a complaint was included in a service user guide that people had. A person told us, "There is a complaints section in my folder" and another said, "I think there are complaints procedures in our folder". None of the eight people we spoke with had made a complaint. Comments about why included, "I've never had occasion to", "Not needed to make a complaint so far". However, people told us they felt that if they had reason to make a complaint they believed that their complaint would be taken seriously and acted upon by the registered manager. People told us, "Oh yes, quite comfortable doing so if needed" and "No, never complained. If I did, I would ask X to come down. Quite comfortable doing that if needed".

The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman.

# Is the service well-led?

## Our findings

The provider sought people's views and opinions through regular 'owners meetings' (the provider referred to people using the service as 'owners' because they owned their apartments). People we spoke with told us about those meetings. A person told us, "They have owners meetings regularly, perhaps every two/three months". People told us they enjoyed the meetings. A person told us, "We have residents and social meetings we quite enjoy them" and another described the meetings as "quite productive".

The provider acted on concerns that people raised at meetings. Some people we spoke with told us they had raised concerns about problems with a lift at Ashby Court. They told us the provider had taken action. One person said, "There have been problems with the lift recently. It is being mended in May". People told us they received records of the meetings. A person told us, "We get minutes, they usually action the points raised".

People's views were also sought by means of an annual survey. At the time of our inspection people's responses were being collated and a report of their feedback was expected to be ready in April 2016.

Another opportunity for people to provide feedback about the service occurred when people were involved in reviews of their care plans. Although reviews were mainly about people's individual care and support people were able to discuss other things about the service generally. A person using the service told us they preferred to do that rather than raise general concerns at 'owners meetings'. They told us, "They put meetings information on the board. I don't go to them, I would rather discuss in private".

Staff we spoke with told us they felt able to make suggestions about the development of the service. They told us they did this at supervision and appraisal meetings but added that they could do so at any time by speaking with the registered manager.

The registered manager and duty managers observed how staff interacted with and supported people using the service. They did this to assure themselves that staff conducted themselves in line with the provider's expectations that staff always supported people with dignity and respect.

The provider had procedures for staff to raise any concerns they had about the safety and quality of care people received. These included incident reporting procedures and a whistle-blowing procedure under which staff could raise concerns anonymously. Staff told us they had no cause to raise concerns in the past but they felt confident that any concerns they raised would be taken seriously and investigated.

All the people we spoke with felt the registered manager was approachable. People's comments included, "The manager follows everything up; she is excellent, always available" and "When I have asked to speak to the manager she responded very quickly". People felt that the manager acted on their feedback and kept them informed about actions taken in response to their feedback, for example in relation to concerns they raised about the lift at Ashby Court.

Staff we spoke with felt the service was well managed. They also told us they felt well supported by the registered manager through supervision, appraisal and training. They shared the same understanding about the aim of the service, which was to support people to lead as independent lives as they wanted. The registered manager was familiar with our guidance for providers about how regulations should be met. They had arrangements in place for informing the Care Quality Commission of incidents at the service such as serious injuries and deaths. This meant we could monitor the service and identify any concerns.

The opportunities the provider gave to people using the service and staff to provide feedback was compatible with what the provider told us in the PIR; that 'We are always looking for ways to improve our service, input from staff and owners is always considered'.

The provider operated procedures for monitoring the quality of the service. These included checking the quality of care plans and daily care records, monthly reviews of care plans, daily dialogue with people using the service, an annual survey and staff appraisal. In addition regular checks were carried out to ensure the premises were safe and well maintained. The checks were carried out by the registered manager who reported their findings to a regional manager. The regional manager made fortnightly visits to Ashby Court to carry out their own checks to verify the reports they received from the registered manager.

We found that the provider's procedures for monitoring the quality of service were robust and aimed at identifying areas that could be improved. Record keeping was effective and records were securely and efficiently kept. Every time we asked to see a record or documents they were provided very quickly, which reflected how well the office was organised and maintained.