Ashleigh Court Care Limited

Ashleigh Court Rest Home

Inspection report

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Birmingham
West Midlands
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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?	Requires Improvement

Summary of findings

Overall summary

We inspected this home on 7 and 8 February 2017. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to 22 older people. At the time of our inspection 21 people were living at the home.

The registered manager was present during our inspection. 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 we spoke with told us that they felt safe living at the home. Risks to people's safety had been identified and staff had received training in how to recognise and report any concerns of abuse. People told us there were enough staff available to support them safely with their needs. People had their medicines when they needed them and there were effective systems in place to ensure the management of medicines were safe.

People were supported by staff who received regular training and staff told us they felt supported by the registered manager. Staff were aware of how to support people's rights, seek their consent and respect their individual choices. People told us that they were happy with their choices of meals and had been supported to access healthcare services when needed in order to promote their health and well-being.

People received some caring and compassionate support and most staff demonstrated a positive regard for people they were supporting. People were involved in making decisions about their well-being. People told us they were treated with dignity and their privacy was respected by staff.

Care provided to people was personalised and staff understood people's preferences and choices. Activities were provided but improvements were planned to ensure people had the opportunity to participate in activities of interest to them. People and their relatives knew how to complain. The registered manager had effective systems in place to support people to complain.

Notifications of concern had not always been sent to the Care Quality Commission as required. The registered manager sought feedback from people but had not used this information to drive improvements. People, their relatives and staff described the registered manager as approachable and supportive. Systems were in place to monitor the quality of the service and where shortfalls had been identified, plans were in place to improve these.

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 supported by staff who understood their responsibility's to safeguard people.

There were enough numbers of suitably recruited staff to meet people's individual needs.

People received their prescribed medicines from staff who had received training.

Is the service effective?

Good

The service was effective.

People said staff had the right knowledge and skills to meet their needs.

People were asked about their preferences and consented to their care.

People were offered a choice of meals and drinks that met their dietary needs and had access to health professionals when needed.

Is the service caring?

Good

The service was caring.

People told us staff were kind. Individual staff demonstrated kindness and compassion.

People told us they made choices about their care and daily lives.

People's dignity and independence was promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who were aware of their likes and dislikes.

People's care needs were reviewed, but it was not clear who had contributed to the discussions.

Activities were available for people to participate in. However further consultations were planned to enable improvement in this area.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Notifications of concern had not always been sent to the Care Quality Commission as required.

People, their relatives and staff spoke with confidence about the ability of the registered manager.

Ashleigh Court Rest 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.

This inspection took place on 7 and 8 February 2017 and was unannounced. The visit was undertaken by two inspectors and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we had about this provider. We also contacted service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views. The provider was asked 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 improvements they plan to make. This information was received when we requested it. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with 10 of the people who lived at the home. 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 to us. We also spent time observing day to day life and the support people were offered. We spoke with four relatives of people and two health care professionals during the inspection to get their views. In addition we spoke at length with the registered manager, the registered provider, the deputy manager, one senior team leader, three care staff, and the chef.
We sampled some records including four people's care plans and medication administration records to see if people were receiving their care as planned. We sampled three staff files including the provider's recruitment process. We sampled records maintained by the service about training and quality assurance.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living at the home. One person told us, "I feel safe." One relative we spoke with said, "My relatives feel safe, they tell me they are." Other people we spoke with were equally positive in their comments about staff supporting people in a safe way.

Staff we spoke with told us that they had received training on how to safeguard people from abuse and knew how to report concerns. One member of staff told us, "Any abuse, I would report to my manager or to CQC [Care Quality Commission]. Whistle-blowing is there for us to report anything you see that is wrong for a service user." The registered provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety.

We saw risks to people's safety had been assessed and the actions needed to reduce risks to their safety had been detailed in their care plans. In most care plans we sampled there was sufficient guidance available for staff to follow to enable them to mitigate the risk. We saw staff were aware of the risks to people and how to manage them safely. We observed people being supported by staff who used safe moving and handling transfers around the home. There was good interaction between staff and people when people were being supported. Equipment was used efficiently and people were reassured as the transfers were taking place.

Where accidents and incidents occurred we saw that action had been taken to reduce the risk of these re-occurring. Records were analysed by the registered manager to identify any trends or patterns to prevent further negative experiences for people. The registered provider had emergency procedures in place to support people in the event of a fire. Staff consistently described the actions they would take to ensure people were kept safe from potential harm. Staff told us they had received first aid training. The registered manager told us that they ensured there was a qualified first aider on duty for every shift. The registered manager advised us that they had developed 'hospital passports'. These documents contained relevant information about people should they have to go to hospital. One relative had commented about these and said, "Really pleased with the introduction of hospital passports; it was invaluable at dad's last hospital appointment." This information helped to ensure other health professionals were aware of how to meet people's individual needs and keep them safe. We concluded that people were kept safe in emergencies.

People who used the service told us that they felt there was enough staff to meet their needs. One person told us, "I'd say there's enough people [staff]. You never have to wait long." Relatives we spoke with expressed their satisfaction with the current staffing levels. One relative said, "Plenty of staff about when we visit." Staff we spoke with told us that they were happy with staffing arrangements. One member of staff said, "We have enough time to meet people's needs. It's the same at weekends as well. We don't use agency staff." Discussions with the registered manager identified how they determined how many staff were required to support people. They told us that they based staffing numbers on people's dependency levels and told us, "We use three levels of need, low, medium and high. Staffing levels are changed according to people's needs." On the day of the inspection we observed enough staff were on duty to meet people's individual needs.

Staff we spoke with told us that before they started work all employments checks were made. One member of staff said, "I had to complete a police check and provide references before I could start working here." Records we sampled collaborated that checks had been completed before staff commenced working. This meant systems were in place to help reduce the risk of unsuitable staff being employed.

People told us that they received their medicines at the times they needed them. One person told us, "I have my tablets at the same time and they [the staff] make sure I take them." One relative said, "Medicines are always given on time and there are never mistakes." Our checks on medicines showed that they were administered, stored and disposed of safely. We observed medicines being administered safely and in a dignified manner. The Medicine Administration Record matched the balance of most medicines which showed that people received their medicines consistently and safely. Some people had their medicine on an 'as required' basis and we saw there were protocols in place to instruct the staff when the medicine should be given. We noted that the refrigerated storage of people's medicines did not follow good practice guidelines. The registered manager was receptive to this feedback and following this inspection we received information from the registered manager that appropriate action had been taken to address the shortfalls. We saw there were regular and effective medicine audits in place and staff who administered medicines had undertaken medicine training and had received observational competencies. These processes contributed to the safe management of medicines.

Good

Is the service effective?

Our findings

People and their relatives were mainly positive about the care and support provided by staff. One person told us, "The staff are very good. They know what they are doing and go off for training." One relative we spoke with said, "Staff have the right skills and attitudes." Staff told us that they received regular training which ensured their skills and knowledge were kept up to date. One member of staff told us, "The manager is always arranging training." The registered manager had a record of the training they provided to staff and this demonstrated that staff had received all the training they needed to meet people's needs. Discussions with the registered manager and deputy manager identified that a recent audit of training had been undertaken and a new training provider had been secured. The deputy manager informed us that training had been grouped into categories of essential and desirable. This was supported by individual training records for each staff member and a training matrix which provided an overview of training for the whole workforce.

Staff told us that they were supported to carry out their role by the registered manager and the deputy manager. Records demonstrated that staff had received consistent supervision meetings. This enabled staff to review and reflect on their performance. We saw that the registered manager undertook observations of staff's care practices to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff we spoke with informed us that they had received an induction when they started work at the home, which included the opportunity to shadow more experienced staff. We were informed that any new staff recruited who were not qualified were supported to complete the Care Certificate. This was a way which ensured that unqualified new staff had a foundation of knowledge to start working with people safely and in-line with good practice guidelines. One member of staff told us, "I completed the Care Certificate induction programme when I first started."

Staff told us and we saw that they received handovers from senior staff before they started each shift in the home. Staff described communication within the team as "Effective" and "Good." We observed one handover and saw that relevant information was shared in a confidential manner. This ensured staff were kept up to date with how to meet people's specific and individual care needs.

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 who lived at the home told us that staff got their consent before supporting them with tasks. We saw staff asking a person if they could move their feet onto the wheelchair footplates to keep them safe. We observed that staff listened to what people wanted to do and respected the decisions they made. Staff we spoke with told us they had received training in the MCA and gave detailed explanations of how they applied these principles within their role. A member of staff we spoke with said, "Visitors are welcome; as long as residents give their consent for them to come in." Another member of staff told us, "The MCA

supports people who may lack the capacity to make decisions; they may need help to make decisions in their best interests."

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 are called the 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 applications had been made to the local supervisory body for DoLS as required and in line with the legislation. All the staff we spoke with could describe which people were subject to a DoLS and explained how they supported people in the least restrictive way. One staff member told us, "[name of person] is not safe to go out alone, so we just go out with him, so he doesn't feel like he is in a prison."

People we spoke with were generally positive about the food provided at the home. One person said, "The food is good. There's a menu that comes round. They [would] find you something else if you wanted it. We saw the chef had asked people about their preference before the food was served. This was undertaken using people's preferred communication method, which included pictorial examples of food.

We observed lunch being served both in the dining room and in places where people preferred to sit. People seemed to enjoy their meals and had enough time to eat at their own pace. We found that there was limited interaction between people and staff in the dining room, the atmosphere was subdued and support offered was very task focused. The registered manager informed us that she would address this with staff during handovers and supervision sessions.

The chef knew about people's meal requirements and nutritional needs. All the staff we spoke with knew who had risks associated with eating and drinking and were aware of people's religious preferences. Culturally appropriate meals were provided for people when required.

People told us that they experienced positive outcomes regarding their health and this was in partnership with community healthcare professionals. One person told us, "The district nurse comes in and they [the staff] have arranged for my glasses and the chiropodist comes in too." One health professional told us that staff listened to their advice and there was a 'mutual trust' between the services. We saw in people's records that they had regular contact with external healthcare professionals.

Good

Is the service caring?

Our findings

We observed that people living at the home had warm and friendly relationships with the staff that cared for them. People and their relatives generally told us the staff were kind and caring. One person said, "The staff here are pretty good. They're kind. I haven't come across any unkindness." A relative we spoke with told us, "Staff are kind, concerning and caring. They always look at what's best for them [people]." We received a less positive comment from a person in relation to their care and support at night. We discussed this with the registered manager who advised of their intentions to undertake more observational checks to ensure all staff were treating people with respect and in-line with their preferred wishes.

We observed some kind and caring interactions and some genuine affection between staff and people in the home. Staff spoke positively and with warmth when describing things that mattered to individual people. People could be confident that staff knew them well. Staff were consistent when speaking about what people liked and disliked and were able to tell us people's interests and favourite food and drinks.

People told us and records showed that the registered manager asked people how they liked to be cared for and supported when they first moved into the home. We saw staff asking people what they wanted them to do. One person we spoke with told us, "It's my choices what I do. I hadn't really thought about it but nobody has told me to do this or that." We saw that people made personal choices about what to wear, indicating that their personal preferences were respected. We saw people had been supported to make decisions in all aspects of their daily life. This included decisions about funeral arrangements or whether people wished to be resuscitated. This demonstrated people had been given choices and had made their own decisions about things that were important to them.

The provider stated in the provider information return (PIR) that they had recently introduced a dignity in care audit. This was introduced to measure and monitor the working practices in the home to ensure the staff team were caring, respectful and supportive. People told us that staff respected their privacy and dignity. One person told us, "They're [the staff] kind and helpful and respect my dignity." The staff we spoke with had a good appreciation of people's human rights and promoted dignity and respect. One member of staff told us, "People who live here have the same rights as you or I." Staff we spoke with were able to describe good practices of how to maintain people's dignity. We saw that staff closed bedroom and toilet doors when supporting people with personal care. We saw throughout the day that staff supported people to maintain their independence and encouraged people to do as much as they could manage themselves. We observed that most staff actively engaged with people and communicated in an effective and sensitive manner. However we did note that some staff on occasions did not interact with people when supporting them with certain tasks. For example, some people were supported with drinks but we saw there was limited interaction and the support offered was very task focused. Whilst we did not see anyone distressed by this, for some people living at the home this failed to ensure that they had been treated with respect.

Staff recognised the importance of not intruding into people's private space. People had their own rooms and some were laid out as bed sitting areas. This meant people could relax in their own company or with the people that mattered to them if they did not want to use the communal lounges. People told us that they

could speak with relatives and meet with health and social care professionals in the privacy of their own room if they wanted to do so. Staff we spoke with described the importance of ensuring that people's rights to confidentiality were maintained.
People we spoke with told us that visiting times were flexible and that staff made visitors feel welcome. One relative told us, "It's their home; I can visit when I want to."

Good

Is the service responsive?

Our findings

People had care and support from staff who knew them and understood their individual needs. One person told us, "Staff know I forget things, so they just keep reminding me." Staff we spoke with were able to tell us about the things that were important to people. We observed that during the day staff were able to provide people with care and support when they needed it. We saw staff responded to people when they wanted a drink, or when they wanted a rest in their own rooms.

People we spoke with told us that they were supported to attend places of worship of their choice. People's diverse needs were understood and respected. Some people independently accessed religious services within their local communities. One person told us that the registered manager had arranged for a religious newspaper to be delivered, which they really appreciated.

People told us about activities that were available to them. One person told us that the registered manager had enabled them to use the computer which they described as "Very generous." Relatives we spoke with gave us mixed responses to the activities provided. One relative told us, "Activities have improved. My dad's been out on a day trip and pub lunches and really enjoyed the animal farm visit." Another relative told us they felt the activities provided were poor and more could be done.

On the day of the inspection we saw that people had access to daily newspapers, quizzes, flower arranging and adult appropriate colouring books. We saw staff sitting with people and supporting them in these activities. People were seen chatting to each other and watching television. On the afternoon of the inspection we observed people and staff participating and singing with a visiting entertainer. We saw on some occasions that staff failed to use available opportunities to engage with people. For example, whilst we saw that staff asked people if they wanted to watch a film they did not use this opportunity to open up some discussions about the choice of film or what type of film they would enjoy. The registered manager acknowledged that activities was an area for improvement and advised us of her intention to continue to communicate with people and support staff to develop innovate ways of providing meaningful stimulation for people to enjoy.

People were supported to maintain the relationships that were important to them. Two people we spoke with told us how much they valued their friendship and told us, "We like to sit next to each other and have our lunches together. We are good friends." We saw that the home had supported couples to maintain their relationship respectfully and with privacy.

People had an assessment of their needs before they moved to the home to ensure the service could provide the care and support they needed. Care plans we sampled contained information about people's life history, preferences and personal interests. Whilst we saw that care plans had been regularly reviewed and updated in support of people's changing needs, people and those that matter to them had not always been involved or had contributed to the review process.

The registered manager had a system in place for recording, investigating and responding to complaints.

People and relatives we spoke with knew how to complain. One person said, "I've not really got any worries. I'd speak to the manager. "A relative we spoke with told us, "Any complaints, I could go straight to [name of registered manager]."

People and their relatives told us that they would feel comfortable to raise concerns with the registered manager and were confident concerns raised would be addressed in a timely manner. Staff members described how they would support and empower people to voice their concerns. One staff member told us, "I would listen to the person and help them write it down." Complaints were analysed to establish any trends and whether further action was required.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that in their view the service was well-run. People and the relatives we spoke with knew who the registered manager was and spoke positively about the home. We saw people who lived at the home were comfortable in the presence of the registered manager. The registered manager told us she worked alongside staff to support and care for people who lived at the home and knew people well. One person told us, "I like [name of registered manager]." Relatives we spoke with expressed their confidence in the abilities of the registered manager. One relative told us, "[name of registered manager] is brilliant and very attentive." Some healthcare professionals we spoke with were complimentary about the registered manager's knowledge and told us, "The home is very well-managed" and "Documentation has recently been changed, for the best." However some professionals told that whilst action was taken to safeguard people, some safeguarding concerns had not been reported in line with requirements or in a timely way. A person who was subject to a DoLS authorisation had left the home on occasions and although they had been safely returned the appropriate bodies had not been notified in line with regulations. The registered manager acknowledged these shortfalls and had reflected on these omissions. They gave us assurance that the correct procedure would be adhered to for any future concerns. We also found that when authorisation had been granted to deprive someone of their liberty the Commission had not been notified as required. We saw that the Registered Manager had displayed guidance about notifiable issues in the office to ensure that there were able to check to prevent future omissions in making notifications.

We saw that feedback questionnaires had been received from people and their relatives to express their views and experiences of life at the home. We saw documentation had been developed using different communication styles to ensure they were accessible and tailored to people's needs; this meant the service was open and inclusive to obtaining people's feedback. We noted that feedback had not consistently been analysed or utilised to drive improvements within the home. The registered manager advised us of their plans to introduce individual meetings with people or small groups to encourage more feedback about their opinions of how the home was run. The registered manager had developed a newsletter to share with people and their relatives. This was a way of effectively communicating improvements within the home, encouraging suggestions and promoting forthcoming events. One relative told us about how useful and information newsletters were and said, "The notice board in the entrance hall gives us all the information we need."

Our inspection visit and discussions with the registered manager identified that they were knowledgeable about all aspects of the service and knew people well. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the provider's website.

Staff told us they felt supported in their role and expressed their confidence in the management of the home. There was a clear leadership structure which staff understood. We saw evidence of an open culture amongst staff and all the staff we spoke with understood how they could whistle-blow if they had any

concerns. One member of staff told us, "[name of registered manager] is always telling us we need to report any concerns. " There were processes in place to support staff development and monitor their performance such as supervisions and observational competencies. Staff told us that although formal staff meetings were not provided they felt able to talk about the service and make suggestions for improvement through their individual supervisions and handovers. One member of staff told us, "We get asked if we have any suggestions to improve things during our supervision sessions." This ensured staff were given the opportunity to voice their opinions.

During this inspection it was evident that the registered manager and the deputy manager had worked hard to improve the quality of the governance of the service. The registered manager with the support of the deputy manager completed monthly audits that looked at key areas such as medicine management, infection control, fire safety and health and safety. These contributed to assurances that people were provided with high quality care. We saw that where areas for improvement had been identified there was a plan and recommendations put into place to address this.