

Asher Care Ltd

# Asher Care

## 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

Asher Care is a residential care home providing personal care for up to 25 people, some of whom are older people living with dementia and others have enduring mental health conditions. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of our inspection there were 22 people living in Asher Care.

At the last inspection in January 2016 the service was rated Good overall. The 'Responsive' key question was rated 'Requires Improvement' due to lack stimulating activities available for people. We had made a recommendation to the provider for them to improve in this area. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Action had been taken to improve people's access to personalised, stimulating activities. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

Following our previous inspection in January 2016 action had been taken to improve the activities offered to people. People's views were sought and staff ensured people had access to activities which met their personal needs and preferences. People were supported to remain independent and take part in activities such as flower picking and gardening.

The people who lived in Asher Care had a wide variety of needs and health conditions. People living in the home had been diagnosed with dementia, Korsakoff's, mental health conditions such as bipolar disorder and alcohol abuse. The home was set over two floors, with bedrooms on each floor and two standalone flats in the rear of the building. These flats were used by people who were more independent but still needed staff support.

Staff received training in a number of areas and support from healthcare professionals. However, we identified that further improvements could be made with regards to providing training for staff relating to people's individual mental health and needs relating to addiction. We made a recommendation for the provider to undertake a review of the training provided to ensure this met people's complex needs.

The people who lived in Asher Care were provided with care that was person centred and met their individual needs. People made comments including, "I'm happy. I'm very happy" and "I can do what I want."

People spoke highly of the staff who worked at Asher Care, with comments including; "They are marvellous", "The staff are the best bit" and "They're all wonderful." Relatives made comments including, "They're kind the staff" and "The staff are very lovely and very helpful." Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter.

Staff knew people and their preferences well. People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people spoke highly of the food at the home.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff received regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice.

People who lived in Asher Care had a variety of needs and were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service has improved to Good

### Is the service well-led?

Good ●

The service remains Good

# Asher Care

## 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 was 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 comprehensive inspection took place on 26 August 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we held about the home, including notifications of events the service is required by law to send us.

We conducted a SOFI during this inspection. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us.

We spoke with seven people who lived in Asher Care and two relatives. We spoke with four members of care staff, the registered manager and one director of Asher Care during our inspection.

We looked around the home, spent time with people in the lounge and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the lunchtime period.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed information about the recruitment and supervision of three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

# Is the service safe?

## Our findings

The home continued to provide safe care.

People told us they felt safe. People made comments to us including, "Yes I feel safe" and "Absolutely safe, yes." One relative said "I think mum is very safe here."

People who lived in Asher Care had a wide variety of needs relating to their mental health, dementia, mobility, their skin integrity, health conditions, and their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. During our reviews we identified a number of risk assessments which had not been completed for specific individual risks. However, when speaking with staff and the registered manager it was clear that action was being taken and risks to people were being managed. We raised the fact that any new staff or agency staff would need to see clear guidance on how to best manage individual risks to people. The registered manager told us they would be putting these risk assessments in place immediately following our inspection. Staff understood the support people needed to promote their independence and freedom, yet minimise risks to them.

Accidents and incidents were recorded and where these had taken place the registered manager and staff had reported these, discussed them and taken action in order to ensure they did not reoccur.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. Records confirmed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. People confirmed there were enough staff to meet their needs. Comments included; "The staff are the best bit. They come when I need them and do whatever I need."

Systems were in place that showed people's medicines were managed consistently and safely. Medicines were obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff had received training in medicines management and had their competencies checked regularly.

The home was clean, pleasant and met the environmental needs of people living with dementia. Staff were

aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

# Is the service effective?

## Our findings

The home continued to provide people with effective care and support.

People spoke highly of the care they received at Asher Care. Comments included; "I am happy. I'm very happy", "I can do what I want" and "It's very good." People's relatives expressed their confidence in the care provided by the staff. Comments included; "It's very good indeed. I wouldn't go anywhere else. He's happy here."

People who lived in the home had a variety of needs and health conditions. People living in the home had been diagnosed with dementia, Korsakoff's, mental health conditions such as bipolar disorder and alcohol abuse. Staff received support from healthcare professionals to manage and support people's wellbeing. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, dementia, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said, "I had training and it covered what I needed. Recently I have had mental health training and equality and diversity. I know I could have more training if I wanted." Although people's needs were being met we found improvements needed to be made with regards to training for staff in specific mental health conditions and addictions. The registered manager told us they were in the process of organising this.

We recommend the provider undertake a review of staff training in order to ensure this is comprehensive and provides staff with detailed knowledge of people's individual diagnoses.

People were supported by staff to see external healthcare professionals such as GPs, mental health practitioners, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this.

Asher Care was comfortable and decorated in a way that encouraged people's independence and met the



needs of people living with dementia. The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. It had also been carefully thought out so that people with dementia were less likely to get confused or disorientated. There was signage available to help people find their way around. People had been fully involved in decorating their bedrooms.

There was a strong emphasis on the importance of people eating and drinking well. People spoke highly of the food and commented, "The food is very good. We always get two choices" and "The meals are very good." The registered manager had recently organised for a small kitchen to be installed on the upstairs floor of the home to enable people to make their own hot drinks and snacks whenever they wanted. In the two independent flats people's main meals were prepared by the home's main kitchen but they also had facilities to make themselves snacks. This enabled people's independence around food. We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms, the dining room or the lounges, depending on their choice. Mealtimes were sociable and we saw people chatting together in a relaxed way.

## Is the service caring?

### Our findings

The service continued to be caring.

We received very positive feedback from everyone we spoke with about the caring nature of staff at Asher Care. People made comments which included, "They are marvellous", "The staff are the best bit" and "They're all wonderful." Relatives made comments including, "They're kind the staff" and "The staff are very lovely and very helpful."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. People made comments which included; "Oh yes they're always respectful. Always." Although people's care plans were written respectfully we did find these to be a little dismissive of people's sexual needs and expression. We spoke with the registered manager who assured us they would review these to ensure all parts of people's lives were treated with respect and dignity.

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for.

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. Staff and the registered manager spoke about people in ways which demonstrated their respect and care for them. For example, staff made the following comments about people: "I love her so much", "He's the nicest man" and "She's an amazing artist. So talented."

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices. Staff received equality and diversity training to help them provide for people's individual needs.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they could do for themselves and how staff should support and encourage them to maintain these skills for as long as possible. For example, where people were able to take part in their own personal care, food preparation and shopping, staff were instructed on how to support this.

The registered manager felt people's privacy and respect was paramount and these views were shared by staff. During our inspection we observed staff ensuring they were out of earshot of others before talking about people's individual needs. This demonstrated respect for their privacy.

## Is the service responsive?

### Our findings

Following our previous inspection in January 2016 this key question had been rated 'Requires Improvement'. This was due to people not having access to sufficient activities to meet their needs. At this inspection we found action had been taken to improve in this area and we no longer had any concerns.

The registered manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. People had access to activities which met their social care needs. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. One person said "They're always organising things to do. They bring in animals and things like that. I like to read so they make sure I have my paper when I want it." One member of staff said "We do drawings, feed the birds, take people blackberry picking, take people to pick flowers for their rooms. People love it. You only have to suggest an activity and it's organised." We saw people were encouraged to maintain and develop their interests and hobbies. Staff told us about one person who was very keen on exercise and how they had made them some weights by sealing shut some water bottles. The registered manager also told us how they had purchased a greenhouse for a person who loved gardening and how they ensured this person always had access to materials they needed to undertake this activity.

People and staff told us they were confident people living at Asher Care were receiving the best possible care. Comments included; "I am well looked after. They're so good" and "I think people are looked after very well. They've turned people's lives around. Whatever they want they can have. People are truly listened to." People who lived in the home had a variety of needs and required varying levels of care and support. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Although we identified some risk assessments were missing, this had not impacted on people's needs being met and the registered manager was reviewing care plans to ensure these were fully comprehensive. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the

service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to. One relative said, "If I complained they would absolutely listen and take action."

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

# Is the service well-led?

## Our findings

The service continued to be well led.

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, relatives and staff spoke highly of the registered manager, who had become registered with the CQC in April 2018. Comments included, "She's lovely" and "(Name of registered manager) is marvellous. I couldn't be happier with her."

The leadership of the home consisted of the registered manager, a deputy manager and senior care staff. The directors of Asher Care were regular faces within the home and staff told us they were approachable and kind. It was evident staff knew people well and put these values into practice. One member of staff said "They really care about people's wellbeing. They make sure at interview that you're a kind person." All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. Staff spoke very highly of the management team and their visibility around the home.

Staff told us they felt very well supported by the registered manager and the deputy manager. They made comments which included, "They are so good at building your confidence. They are so supportive in every way." Staff and the registered manager also commented on the supportive nature of the directors of Asher Care. With comments including, "(Name of registered manager) and the big bosses are always saying well done and thank you" and "The directors are very supportive."

All staff we spoke with were proud and happy to work at Asher Care. They made comments including; "I love it. The home, the management, the staff, the residents. I love it all."

The culture of the service was caring and focused on ensuring people received person-centred care. The registered manager, the deputy manager and the senior staff team ensured the wider staff team continuously delivered a high standard of care. Staff told us they were supervised and any poor practice was picked up and discussed. The registered manager told us they ensured their ethos and values relating to providing people with person centred care which promoted independence was demonstrated by them and by the wider staff team.

People benefited from a good standard of care because Asher Care had systems in place to assess, monitor and improve the quality of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.