Care Quality Commission

South West Care Homes Limited

Ashley House - Langport

Inspection report

The Avenue
Langport
Somerset
TA10 9SA

Tel: 01458250386
Website: www.southwestcarehomes.co.uk

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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

This inspection took place on 7 and 8 February and was unannounced.

Ashley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashley House does not provide nursing care.

Ashley House is registered to provide personal care and accommodation to up to 25 older people. Accommodation is provided in a converted residential dwelling over two floors. At the time of our inspection, 17 people were using the service.

At our last inspection in February 2016, we rated the service good. 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 on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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 living in the home. A relative told us, "No worries here, when I go home I don't have to worry I know [the person] is safe."

Medicines were managed safely, securely stored, correctly recorded, and only administered by staff that were trained and assessed as competent to give medicines.

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse.

There was sufficient staff to safely meet the needs of people living in the home. People told us they thought there was plenty of staff. One person said, "At night if I ring the bell they come to me straight away."

People received effective care from staff who understood their needs. Staff were able to tell us about people's specific likes and dislikes. People told us they thought staff were well trained and understood them well.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. We saw that food and menus were regularly discussed and recorded at resident meetings.

All staff attended induction training before they started to work in the home. All staff spoken with said they had plenty of opportunities for training.

People could enjoy a full programme of activities and staff had built up links with the local community to ensure people could stay in touch with organisations such as their place of worship the local school and toddler group. The home was also a member of the Langport Dementia Alliance Group and were planning further initiatives for the year which included a, "Monday meander" (a walk around the local area), a dementia café and singing for the mind.

People said they received care and support from caring and kind staff. Comments included, "The staff are all very caring, They listen to you it's like a home from home." And, "They are all very nice and care comes with a smile."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

People told us they could talk with staff and the registered manager if they wished to raise a concern. One relative said, "The manager is always available, her door is always open and if I want to raise any concerns she listens."

People were supported at the end of their life to have a comfortable pain free death. Care plans showed people's advance decisions were taken into consideration and acted upon.

There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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Ashley House - Langport

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 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.

This inspection took place on 7 and 8 February 2018. The first day of the inspection was carried out by one adult social care inspector and an expert by experience and was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by one adult social care inspector and was announced.

The last inspection of the service was carried out in February 2016. No concerns were identified with the care being provided to people at that inspection.

Before the inspection, we looked at information we held about the provider and home. This included their 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. We also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

During this inspection, we spoke with 13 people living at the home, 9 members of staff, and 4 visiting relatives. We also spoke with the registered manager and the regional manager. We spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included looked at three people's care records and records that related to how the service was managed; such as staff rotas, staff training records, three staff personnel files and quality assurance audits.

Good

Is the service safe?

Our findings

The service continued to be safe.

People told us they felt safe living in Ashley House. One person said, "Yes I do feel safe, they come and look at me when I am in bed." Another person said, "I can't look after myself so well at home now so I am here and feel safe." One relative said, "No worries here, when I go home I don't have to worry I know [the person] is safe."

There were sufficient numbers of staff to keep people safe and meet their needs. People who spent time in their rooms had access to call bells which enabled them to summon assistance when they required it. One person said, "At night if I ring the bell they come to me straight away." All the staff spoken with, except one said they felt they had sufficient staff to safely care for people. One staff member said, "It would be nice to have more staff then we could have more one to one time with the residents."

The provider had systems and processes which helped to minimise risks of abuse to people. These included a robust recruitment process and ensuring staff understood how to recognise and report concerns. The staff we spoke with had completed training about how to recognise and report abuse and all were confident that anything reported within the home would be dealt with to make sure people were safe.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these safely. Staff understood the support people needed to promote their independence, yet minimise the risks. We saw evidence of risk assessments relating to pressure area care, nutrition and hydration and the risk of falls. We saw people at risk of developing pressure ulcers were provided with the equipment they needed to reduce the risk such as pressure cushions and air mattresses.

We saw systems were in place to ensure staff managed people's medicines consistently and safely. Medicines, including controlled drugs were obtained, stored, administered, and disposed of appropriately. Controlled drugs are medicines that have special requirements about storage and recording. Staff could only administer medicines once they had completed training, and a regular check was carried out to ensure they were competent to continue administering medicines safely. Where people had been prescribed medicines on an 'as required' basis, such as pain killers, plans were in place for pain management, including the use of pain scales to identify the severity of pain. People told us they received their medicines on time and when they requested if in pain.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water, and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

People were protected against the risks of the spread of infection because all areas of the home were kept

clean. There were handwashing facilities throughout the home and alcohol gel by the front door. Staff had access to personal protective equipment such as disposable gloves and aprons that also helped to minimise risks to people.

Risks to people in emergencies were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

People continued to receive care that was effective.

People received care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They all know what they are doing here."

Staff received the training they required to safely fulfil their roles and effectively support people. The provider had created a training matrix which showed when staff had completed training and when up dates were required. This helped to make sure people received care and support from staff who had up to date skills and knowledge to meet their needs. Staff spoken with told us they received plenty of training and could request additional subjects if they felt it were necessary. One staff member said, "We complete work books but we also have face to face training so we can talk about the subject and other staff can share their experiences."

Staff told us they received support from the registered manager to meet people's care needs. This included a one to one supervision meeting, staff team meetings and an annual appraisal.

New staff received an induction that included information relating to the Care Certificate and shadowing staff that were experienced. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. Staff confirmed they had spent time in induction training and shadowing other staff before working unsupervised.

People received the care and support they required because staff assessed their needs and took account of their wishes when they provided support. Each person had a care plan which identified their needs and showed how these needs would be met by staff. The care plan system used was stored electronically. Staff carried iPods which meant they had constant access to information. They updated the care they had provided at the time. This meant all staff were able to access up to the minute information. Senior staff could monitor the care provided and ensure people received the care and support they required.

Staff worked with other professionals to make sure people received the care and treatment they needed. Care plans showed that people's health and well-being was monitored and staff sought advice and guidance where necessary. One person said, "I can see my doctor when I need to." A visitor told us how their relative was receiving support from a visiting physiotherapist, Whilst another visitor told us their relative was about to see the dentist.

People had their nutritional needs assessed and were supported to have a good diet. The chef explained how staff completed a nutrition form including likes and dislikes when a new person moved into the home and how they spoke with the person personally as soon as they could. People told us the food in the home was, "Good," "Excellent," and "The food is nice, and plenty of it." One person said, ""Sometimes I don't like

what's on offer, they make me something different." Another person said, "Every morning the cook comes around and tells us what's for dinner, if I don't like it they come up with something else."

We observed the lunchtime experience to be relaxed and a social occasion. Staff supported people in a dignified manner and sat down to eat with people during the mealtime.

People only received care and support with their consent or in their best interests if they were unable to give consent. We heard staff asking people if they wished to be helped and staff respected their decisions.

Staff had received training about the Mental Capacity Act 2005 (MCA). The 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. One visitor told us how they had been involved in a best interest meeting to decide about a deprivation of Liberty decision (DoLS).

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). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

All areas of the home were well lit and there was signage to enable people to find their way around. Toilet and bathroom doors were clearly labelled to enable people to find the right rooms.

Good

Is the service caring?

Our findings

The service continued to be caring.

People were cared for by kind and caring staff. Throughout the day we saw staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate. There was a very happy cheerful atmosphere in the home throughout both days of the inspection.

The registered manager had built up a strong staff team at Ashley House. Many of the staff had worked at the home for a number of years and often knew people from the town before they had moved into the home. This meant people had been able to build lasting relationships with staff who they saw on a regular basis. Staff knew people well and throughout the day we heard friendly chatter between people and staff. A visiting relative said, "It's always like this, home from home." One person said, ""Its good here, everyone gets on so well, like a big family." Another person said, "The staff are caring, kind and all round lovely." Whilst a third person added, "The carers are so kind, everything is done with a smile."

People's privacy and dignity were respected and their independence was promoted where possible. One person told us how staff took, "Particular care" to ensure they were feeling comfortable and warm during personal care.

People were able to choose who supported them with personal care. One person said they had chosen to have a female member of staff to help them with their personal care and this was always respected. We saw this was clearly recorded in their care plan.

People looked clean and well-dressed showing staff took time to support them with personal care when they needed it.

Each person who lived at the home had a single room that they were able to personalise according to their tastes and preferences. Some people had bought their own furniture with them that made their rooms very homely. People were able to see personal and professional visitors in their personal rooms or in communal areas.

People told us they felt involved in decisions about the care they received. Staff knew people well and offered choices to people. One visiting relative said, "The staff are outstanding, the care is very good and personal, I see the care plan all of the time and am involved in changes when needed." Another relative told how they were involved in the review of the care plan every 3-4 months. We saw the minutes of a residents meeting when they had discussed the new plans for the garden. A designer had been approached to plan the garden and people living in the home were deciding on the plans they liked and the flowers/plants they wanted. We also saw the registered manager had reminded people they could choose something different at mealtimes and reminded them how to raise a complaint if they were not happy.

Good

Is the service responsive?

Our findings

People continued to receive care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about most aspects of their day to day lives.

The staff were responsive to people's needs and wishes. Most people were able to make their needs and wishes known on a daily basis. People said they were able to make choices about what time they got up, when they went to bed, and how they spent their day. One person said, "It's up to me really I can choose what I want to do and when."

Before people moved to the home their needs, preferences and aspirations were assessed and discussed with them. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home and have a trial stay before making a decision to move there.

From the initial assessments, care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. One person said, "We talked about what I wanted and what I could do, we look at it every now and then to make sure it is still what I want." One relative said, "I was involved right from the start and they talk to me and keep me informed all the time."

The care plan format provided a framework for staff to develop care in a personalised way. We observed care was provided in a very caring way and in line with people's care plans.

People's care plans gave brief information about people's personal routines to make sure staff had basic information about people's preferred ways of living. For example, care plans gave details of the times people liked to go to bed and whether they wished to be checked on during the night. There was a stable staff group who knew people well and ensured they provided care that respected people and their individual choices.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed.

People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained. The registered manager and community nursing staff ensured appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity.

People were involved in decisions about activities that occurred in the home through residents meetings where activities were regularly discussed. For example, one person had suggested more active activities to help promote mobility. The registered manager had introduced a session called health for wellbeing that involved physical exercises. People told us they enjoyed the sessions. The registered manager had worked

hard to develop a strong link with the local community. People told us about the Toddler Tuesdays when they looked forward to a local toddler group visiting. One person said, "The local children come into to see us, and we go out to see them it makes a nice change." The registered manager explained how a local church was 'dementia friendly.' People, who wanted to, regularly attended a church service followed by lunch at the vicarage. One person said, "They take me out to church then onto the vicarage for lunch, we had stew." The registered manager explained how they were a member of the Langport Dementia Alliance Group and were planning further initiatives for the year which included a, "Monday meander (a walk around the local area), a dementia café and singing for the mind.

People and visitors said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. Most people said they would speak to the registered manager one person said, "I would speak to [registered managers name] she's lovely and always around to talk to and ready to listen. I have absolutely no complaints."

The home had a complaints procedure that was prominently displayed and was routinely given to people when they moved in. We looked at the complaints procedure and found it was written in large print so people with a visual impairment would be able to access the policy.

Good

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 the home was well led. One person said, "It's run like a well-oiled machine," then laughed and added, "No seriously it is well run and organised." One relative said, "The manager is lovely, her door is always open." Another relative said, "The manager is very approachable, you can raise issues at any time, she always listens."

There were robust systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. Resident meetings were held regularly and people's views acted upon. One relative told us that they had completed a questionnaire; they confirmed they felt involved and consulted. More than one person told us about the way they were being involved in the refurbishment of the garden. The registered manager also told us how one relative of a person about to move into the home, was designing the décor in their room.

There was a quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. As well as the registered manager carrying out their own audits they were supported by another registered manger within the organisation and they carried out audits on each other's homes to ensure an outside view was also considered. Any actions required were discussed and agreed with the provider to ensure people experienced appropriate care and support. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example, we saw an extensive refurbishment programme for the year and work to decorate rooms was being carried out at the time of the inspection. People were being consulted about the new colour scheme for the hallway.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A copy of the homes policy and procedure for the Duty of Candour was available in the entrance for people, staff, and visitors to read. This demonstrated the organisations approach to being open and transparent.

Staff confirmed that a system of one to one supervision meant they could discuss training needs and any issues regarding the care and support they provided or the running of the home. This also gave the registered manager the opportunity to share best practice training and guidelines with staff either on a personal basis or in group supervision. The registered manager also confirmed the provider and regional manager supported them. They explained that they attended regular manager meetings where they could

exchange ideas and experiences about what went well and what did not work so well.

All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.

The provider had notified the Care Quality Commission of all significant events that have occurred in line with their legal responsibilities.