

Ashley Court Care Limited

# Ashley Court Care 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ashley Court is a residential care home providing personal and nursing care for up to 28 people aged 65 and over. The accommodation is provided in a single building, arranged over two floors, with communal facilities including two lounges, a dining room, hairdressing salon, conservatory and secure garden. At the time of our inspection, 24 people were using the service, some of whom were living with dementia.

### People's experience of using this service and what we found

The provider monitored the quality and safety of the service. However, improvements were needed to ensure staff were clear on their role in the management of the service in the event of the provider being absent from the service. Medicines audits and monitoring of consent related activity also needed to be improved, to ensure they were consistently effective in identifying and rectifying any shortfalls.

People told us the staff always respected their privacy and dignity and provided care in their preferred way. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; however, some improvements were needed to the policies and systems in the service to demonstrate they consistently supported this practice.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Any concerns were taken seriously and investigated in line with local safeguarding procedures.

There were enough, suitably recruited staff to meet people's needs. Staff received training and ongoing support to meet people's individual needs. Staff worked closely with other professionals, who were positive about the care and support people received.

People were supported to take part in activities and social events which were inclusive and based on their interests. People benefited from close links with the local community which helped to increase friendships and reduce social isolation.

The provider and staff promoted a caring, inclusive atmosphere. People and their relatives felt confident any concerns and complaints they raised would be acted on. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff enjoyed working at the service and felt supported and valued by the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 4 October 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Ashley Court Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ashley Court 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.

The service had a manager registered with the Care Quality Commission, who was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. We have referred to them as the provider in the report.

The provider was not available during the inspection. We were assisted by the deputy manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who arrange placements on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. Some people were unable to give us their views in any detail because they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four members of staff including care workers and the deputy manager, and two visiting professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. Records relating to the management of the service were not available to us during the inspection visit.

#### After the inspection

We contacted the provider to request information which was not available to us during the inspection, to seek clarification from them and to validate evidence found. We looked at quality assurance information including safety audits and checks, complaints records, and analysis of feedback from people, relatives and staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they were comfortable living at the home and felt safe. One person said, "I've never felt so safe and happy in my life". Relatives had no concerns, one said, "I'm happy (name of person) is safe".
- Risks associated with people's care were identified and planned for. When people came to the service for short stay, for example after being discharged from hospital, temporary care plans were put in place which were kept under review.
- Staff understood the risks to people's health and wellbeing and worked collaboratively with relevant health professionals to manage risks. Visiting health professionals told us staff were proactive and contacted them for advice as soon as they had any concerns. One visiting professional said, "The staff are very good at calling us out and make sure equipment such as mattresses and cushions are in place".
- Information about risks was shared with staff in handover to ensure they were aware of people's changing needs.

### Using medicines safely

- People told us they received their medicines when needed. One person said, "I used to forget them when I was at home; they [staff] make sure I have them here and remind me what they are for".
- Staff kept accurate medicines administration records and effective systems were in place to ensure medicines were stored correctly and disposed of safely.
- Staff received ongoing training to administer medicines and were observed by the provider or deputy manager to check they administered people's medicines as prescribed.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm by staff who had been trained to recognise and report the signs of potential abuse. One staff member told us, "If somebody disclosed something and asked me not to say anything, I would have to explain my duty to them and report it to the manager".
- There were effective systems in place which demonstrated any concerns were reported and investigated promptly, using local safeguarding procedures.

### Staffing and recruitment

- The provider ensured there were enough staff to support people safely. People told us they did not have to wait for support, and we saw staff responded quickly when people asked for assistance. One person said, "I have a buzzer upstairs, I press it and staff are there". They added, "They check on me at night too, it's the best thing about being here".
- Relatives had no concerns. One said, "There are always staff on hand".

- Staff had no concerns about staffing levels, which were kept under review and varied to meet people's changing needs. Staff provided cover when short notice absences occurred, which meant people received consistent support from staff they knew well.
- Staff told us the provider carried out checks of their character and suitability before they were able to start work. These checks assist employers in making safer recruitment decisions.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. The home was clean, and people and relatives were positive about the approach of staff. A relative told us, "The cleaner comes in here [relative's room] every day and I've seen staff cleaning in the dining room at night".
- Staff told us they received training and understood their responsibilities to follow infection control procedures to keep people safe from the risk of infection.

#### Learning lessons when things go wrong

- The provider looked at ways to improve the safety of the service. Accidents and incidents were recorded, thoroughly investigated and monitored for trends. We saw the provider had developed a 'heat map' of where accidents had occurred in the home to look for ways to reduce the risk of reoccurrence. This showed us lessons were learned when things had previously gone wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the provider was generally following legal requirements to ensure decisions were made in people's best interests. However, assessments of people's capacity were not always decision specific. Following the inspection, the provider advised us they had arranged some in depth training to update their practice.
- Where people were deprived of their liberty, appropriate applications had been made under the DoLS. The provider had notified us of authorisations as required and complied with any conditions.
- People told us staff asked for their consent before supporting them and we saw this in practice. Staff had received training and demonstrated a basic understanding of the Act and how they applied it in their role. Staff described how they supported people to make day to day decisions, for example by showing them different clothing. This showed us they understood the importance of gaining consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care and support needs were assessed on admission using nationally recognised tools, for example to assess the risks of skin damage and poor nutrition.
- Staff made prompt referrals to external services to ensure people's needs were met. One staff member told us they applied learning from working with other professionals to provide care in line with best practice.

One staff member said, "The district nurses give us insight into the use of different dressings and the reasons why".

Staff support: induction, training, skills and experience

- People and relatives told us staff understood their needs and provided care which met their needs. One person told us the staff had helped them to gain weight. They said, "Staff have been brilliant. They started with small portions, gradually getting bigger and weighed and checked on me".
- Staff received an induction and completed a range of training, updated annually. Staff felt well supported through supervision and appraisal meetings, which enabled them to reflect on their practice and identify opportunities to develop their skills and knowledge to meet people's changing needs. One staff member told us, "I want to do more training, I've discussed it with the manager and I'm starting with medicines so that I can build my skills".

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice over their meals and had access to drinks and snacks such as fresh fruit throughout the day. We saw meal times were not rushed and people were offered alternatives if they wished.
- People's individual dietary needs were assessed and met. Staff monitored people's weights and followed guidance from the dietician and speech and language therapist where people were at risk of choking and needed liquids thickened and meals pureed.
- The service took people's cultural needs into account when planning meals. Staff drew on their own cultural backgrounds to support the chef, for example providing recipes and advice on ingredients.

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

- The home had several different areas where people could choose to spend their time and people had access to outside space which was safe.
- The provider had considered the needs of people living with dementia. Areas of the home had been decorated with photographs of the royal family and sporting heroes, with a life-size cut out of the Queen. Staff told us they used them as 'props' and used to stimulate conversation and trigger people's memories. One staff member told us, "They really know their royals, they had to identify some for us. Some people even talk to the Queen!"

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health through regular health appointments and check-ups, including being referred to the visiting community dentist.
- A GP visited on a weekly basis and staff worked collaboratively with them to ensure people's needs were met. They told us staff were proactive and contacted them if they had any concerns between visits.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care they received and how staff supported them. One person told us, "I can't praise the staff enough, from top to bottom they are all lovely". Relatives were equally positive about the staff and felt their family members were well cared for. One told us, "I know (name of person) is safe and being looked after well; it was a huge responsibility when they were at home".
- People were treated as individuals. Staff knew people well and spent time chatting with them about their families and what they did in their past lives. One person gestured to a staff member to join our conversation; they had discovered they shared the same background and talked animatedly about places they both used to go to.
- Relatives told us the staff took an interest in them and made them feel welcome at the service. One said, "Staff call me by my first name [which I'm happy with] and always ask about my grandchildren".
- Staff were motivated and proud of the care they provided. One staff member said, "I treat people how I would like to be treated and use the experience of caring for my own parents". Another said, "We have to make sure everyone is safe and happy and make it homely here, remembering that we are in their home".

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

- People were involved in making decisions about their care and how they spent their time. A relative told us, "(Name of person) isn't restricted, they can wander about as they wish".
- We saw people were able to move freely around the home and spent time in their bedrooms if they wished. We heard staff asking people what drinks they wanted and where they wanted to sit at lunch-time.
- Whenever it was appropriate, staff involved people's relatives in planning their family member's care, to ensure their preferences were understood. For example, staff gathered information about people's life history, likes and dislikes.
- People were supported to access an advocate if needed. An advocate is a person who supports people to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with dignity and respect. One person told us, "Staff always knock on my bedroom door when they come to support me with a shower. I couldn't do it properly at home; now I can have a shower any time, it's lovely".
- Staff were patient with people and took time to reassure them when supporting them with personal care. A relative told us, "(Name of person) isn't keen on having a shower and can be very grumpy. Staff understand and are patient with them".

- People were supported to be as independent as they wished. One person said, "I could have a key if I wanted but I'm happy without one; staff always knock on the door [and wait to be invited in]".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff supported them in their preferred way. One person said, "Staff know I like to get up early, between 6:30 and 7:00 am, I did it for 32 years in my job and I still do the same here. I have an hour down here in the lounge before having breakfast".
- Some staff had worked at the service for many years and knew people well. A relative told us how staff understood the impact of memory loss on their family member. They told us, "Staff reassure (name of person) and check on them as they sometimes forget how to use the nurse call; I've been here when they've checked, they didn't know I was here". This showed us staff understood people's diverse needs.
- Care plans detailed people's likes and dislikes, their life history, and relationships which were important to them. However, this did not always include recording people's protected characteristics to ensure their preferences were fully identified and met. The deputy manager told us the provider had just begun to review care plan formats and would ensure this information was included. We will follow this up at our next inspection.
- People's care was kept under review and relatives were invited to be involved appropriately. One told us, "We have reviews; they ask me to check the care plan and confirm I'm happy".

End of life care and support

- Whilst the service was not supporting anyone at the end of their life during our inspection, there were systems in place to enable people to discuss and record their wishes and preferences, including any cultural or religious preferences.
- Staff gave examples of how they had previously supported a person to fulfil their wishes for end of life care. This assured us people would be supported to have a comfortable, dignified and pain-free death.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS by identifying and meeting people's communication needs. Some staff spoke Punjabi and information was available in different formats, for example the complaints procedure was translated and displayed at the service.
- Staff understood how people preferred to communicate. For example, a member of staff told us how they used flash cards when people had limited verbal communication to ensure they followed their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were positive about the activities offered at the home and told us staff encouraged them to follow their hobbies and interests. One person told us, "I'm a big football fan, and follow Wolves; there are four of us here who are fans, including a member of staff so we get to talk about it and sometimes I can see games on my tablet". Staff told us the provider had installed wi-fi to enable the person to access the internet on their tablet (hand held electronic device)
- People and their relatives told us they enjoyed regular social events at the home, which included singers coming in to entertain them. A relative told us, "(Name of person) loves the "music man", when they have a sing-along in the lounge. Staff know how much they like it and always makes sure they attend".
- People were supported to follow their religious beliefs, for example a local church came in to provide Holy Communion. Staff also told us how they had supported a person to attend a local temple, which had been a great source of comfort to them.
- The provider had considered the needs of people living with dementia and invested in a range of jigsaws, puzzles and art which helped stimulate people's memory and manual dexterity. People enjoyed sitting with staff, which stimulated lots of conversation about people's past lives. A staff member said, "It really helps (name of person) to get their hands moving and improves circulation".

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints but would feel happy raising any concerns with the staff. One person said, "I would go straight to the deputy manager or provider if I was unhappy about anything, but I've never had to, everything is top class, I can't fault them".
- We saw complaints were recorded and responded to in line with the provider's policy.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant aspects of service management and leadership were not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff roles, responsibilities and accountability arrangements were not always clear. The provider was not available during the inspection, due to an unplanned absence. The deputy manager did not have access to some information relevant to the management of the service and felt unsure of their role in maintaining the continuity of the service. Following the inspection, the provider assured us they had acted to address our concerns and were working closely with the deputy manager to ensure they were clear about their responsibilities. We will follow this up at our next inspection.
- The provider carried out a comprehensive range of audits and checks to monitor the quality and safety of the service. However, some improvements were needed to medicine audits, to ensure staff consistently followed best practice. We found when people received their medicines on an 'as required basis', known as PRN, staff did not record why the medicine had been given. In addition, photographs were not always in place on Medicines Administration Records. Whilst staff knew people well, any new staff may not have the information they needed to ensure people received their medicines as prescribed.
- Whilst the provider had effective systems to monitor DoLS authorisations, improvements were needed to ensure all consent related activity was recorded in line with the MCA and assure us people's rights were always upheld.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a variety of methods to gather people's views on how the service could be improved. These included resident's meetings, a suggestions box and an annual survey. We saw the results of the last survey were positive, and the provider had addressed any concerns with people.
- Staff told us the provider took account of their views on how things could be improved at the service. They had regular meetings and encouraged staff to give feedback and ideas. The deputy manager told us, "They listen and take on board our ideas and suggestions".
- People benefited from close links with a local school. Staff told us people enjoyed visits from the children, which helped promote positive, inter-generational friendships and reduce the risk of social isolation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were consistently positive about the approach of staff and there was a warm and friendly atmosphere at the service. A relative said, "It's a nice atmosphere due to the staff. I used to

worry about (name of person) when they were at home, I don't worry about them now they are here". The service had also received numerous thank you cards which detailed glowing praise for the care received.

- Staff were proud of the service they provided and felt they worked well together as a team. One staff member said, "We are a team and we are also friends; it works well". Another staff member said, "I've worked at four other homes and this is the nicest. There is lots of support [from the provider and deputy manager]".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us the provider was visible at the home and felt confident they would listen and act if they raised any concerns.
- The provider understood the responsibilities of registration with us. They notified us of important events which had occurred in the service and displayed the service's rating, both at the home and on the provider's website.

Continuous learning and improving care; Working in partnership with others

- The provider had consulted with people and work was in hand to develop an area of the home to be utilised to provide themed events, including a dementia café, shop and pub. This would be accessed by people and their families and provide a space for staff to support people with one to one activities. This showed us the provider recognised the need to support people to maintain and develop friendships and promote social inclusion.
- The service had developed good working relationships with the local clinical commissioning group and rapid response teams and were committed to supporting their work in reducing hospital admissions.