

Indigo Care Services Limited

Ashlea Mews

Inspection report

Stanhope Parade
South Shields
Tyne And Wear
NE33 4BA

Date of inspection visit:
27 June 2019

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16 July 2019

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

About the service

Ashlea Mews is a care home providing personal care to 40 people aged 65 and over. Nursing care is not provided. The service can support up to 40 people.

The home was divided into two separate units, one provided general residential care and one provided support to people who lived with dementia.

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

People said they were safe and there were sufficient staff although they were busy. One relative commented, "The staff are good here, although they could do with more staff and more activities."

People received limited opportunities for activities and engagement when staff were busy.

Improvements were required to cleanliness in some areas of the home.

We have made a recommendation staffing levels are kept under review and to ensure an adequate standard of cleanliness around the building.

People enjoyed a very positive dining experience with the support of staff. Improvements were required to menus and the timings of meals.

We have made a recommendation nutritional guidance is followed to ensure people received a varied and balanced diet.

Improvements were required to manage and respond to complaints and concerns.

The environment was well-maintained and it promoted the engagement of people who lived with dementia.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

Communication was effective to ensure staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

Records provided guidance to staff to ensure people received safe, person-centred, appropriate care and support. Information was accessible to involve people in decision making about their lives.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Appropriate training was provided and staff were supervised and supported. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

There were opportunities for people, relatives and staff to give their views about the service. The provider undertook a range of audits to check on the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about standards of care, staffing levels, lack of activities and lack of responsiveness to complaints. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective, Caring and Responsive domains of this full report.

We have found evidence that the provider needs to make some other improvements. Please see the Safe, Effective and Responsive sections of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashlea Mews

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 team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashlea Mews is a care home. People in care homes receive accommodation and nursing or personal care as 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 10 relatives about their experience of the care provided. We spoke with a visiting professional and nine members of staff including the deputy manager, visiting registered manager, two senior support workers, three support workers, one activities co-ordinator and one domestic. The registered manager was on holiday at the time of inspection therefore another registered manager attended the inspection. 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 reviewed a range of records. This included six people's care records and three medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People told us there were enough staff available, but staff were busy. A relative said, "They do need more staff, having said that someone is here all the time and if [Name] has a bad night they tell me as soon as I arrive."
- There were three staff members to each floor and when the senior support worker on each floor was carrying out senior duties staffing levels reduced to two support workers. Due to the needs of people, several needed two staff members for their support. Systems were in place to supervise people to keep them safe but staff did not have time to spend with people.
- On the day of inspection we were told one domestic person was on duty. Staffing rosters also showed two domestic staff were usually on duty each day but when one was off duty they were not always replaced to ensure adequate levels of cleanliness around the building. We discussed this with the visiting registered manager and deputy manager who told us it would be addressed.

We recommend the provider keeps staffing levels under review so staff have time to occupy people and to ensure an adequate standard of cleanliness around the building.

- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Preventing and controlling infection

- Most areas of the home were clean with a good standard of hygiene. However, the ground floor hall carpet was stained and showing signs of wear and tear.
- The furniture in some communal areas was sticky and domestic staff were not available until the following day to maintain communal areas as they went off duty before the evening meal. We discussed this with the visiting registered manager who told us it would be addressed.
- Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.

Assessing risk, safety monitoring and management

- Risks were well-managed and risk assessments were in place.
- Risk assessments identified risks specific to the person and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person.
- Information from risk assessments was transferred to people's care plans. Risk assessments were regularly

reviewed to ensure they reflected people's changing needs.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for people to be protected from the risk of abuse. People and relatives told us people felt safe with staff support and trusted staff. One person commented, "I feel very safe, staff pop their heads in during the night to check I'm okay."
- Staff completed and updated their safeguarding adults training regularly and had access to up-to-date policies and procedures. Staff were aware of their responsibility in keeping people safe.
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Using medicines safely

- People's medicines were managed safely. Systems were in place to ensure that all medicines were ordered, administered, stored safely and audited regularly.
- Medicines administration records indicated people received their medicines regularly.
- Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on. De-briefings took place with staff at staff meetings to analyse any incidents.
- Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.

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 this inspection this key question has remained the same good. 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.

- The registered manager had submitted DoLS authorisations appropriately.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as social workers or GPs.
- Staff asked people whether they wanted any support and respected their decisions.

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

- At lunchtime people enjoyed a positive dining experience. They received assistance with their meals if they needed it. A relative said, "Staff sit and encourage [Name] to eat as they are a picky eater."
- One of the lunchtime choices available was ham and egg pie and chips and the evening meal option was steak and kidney pie and mashed potatoes. This was not a varied, nutritious diet as there was an excess of carbohydrate. One person commented, "It's like hospital food, I don't like pie or sandwiches." Another person said, "The food is great but if you don't like it, staff will change it."
- Some meals were served at less than four hourly intervals over the day. At the evening main meal served at 4pm, people did not eat very much.

We recommend the provider refers to best practice guidance for the compilation of menus and the timings

between meals to ensure people received a varied, nutritional diet at regular intervals.

- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. A relative said, "Staff tempt [Name] with drinks and coax them with meals so they maintain their weight. Once they start to eat they'll eat everything, staff are marvellous."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people received care a detailed assessment took place to check if people's needs could be fully met at the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently.
- Information on best practice guidance was available for staff.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- The service worked alongside local community and medical services to support people and maintain their health.
 - Assessments had been completed for people's physical and mental health needs.
 - Where people required support from healthcare professionals staff followed guidance provided.
- Information was shared with other agencies if people needed to access other services such as hospitals.

Staff support: induction, training, skills and experience

- Staff received training to help them carry out their role.
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices and for any specialist needs. One staff member said, "There are training opportunities all the time."
- Staff received regular supervision and appraisal. Staff said they were well-supported and worked well as a team.

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

- The environment was well designed to keep people engaged and stimulated. There were themed areas and sitting areas on corridors.
- Appropriate signage was in place to help maintain people's orientation.
- People's bedrooms were well-personalised. They had belongings that reflected their interests.

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 good. 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 provided with kind and compassionate care. People and their relatives were positive about the care provided. One person told us, "Staff are kind and encouraging." Another said, "You can't fault the staff."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Care plans were written in a respectful, person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.

Respecting and promoting people's privacy, dignity and independence

- Care plans provided information about how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves. One person said, "I get all the privacy I want. Staff keep me independent by encouraging me to do what I can."
- People were treated with dignity and respect. A person told us, "I don't care who bathes me although I do get a choice, they [staff] are good that way, they treat me with dignity."

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

- People confirmed they were supported to express their views and to be involved in making decisions. One person said, "I don't go out much but that is my choice." Another person said, "I choose my own clothes."
- Guidance was available in people's care plans which documented how people communicated.
- People's families said they felt involved in their family member's care. They also said they felt welcome at the service. One relative commented, "Staff are very caring. I sorted [Name]'s care plan and explained their likes and dislikes."
- There were details available for people relating to accessing advocacy services. The visiting registered manager told us they were used as required.

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 remained the same good. 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 were supported by staff who had a good understanding of their care and support needs. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Care records contained information for staff on how best to support people. They also included detailed information about their health needs.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Staff handover meetings provided staff with information about people's changing needs and how to meet them.

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 deputy manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. We observed that advertised information was in an accessible form to people who lived with dementia, who may no longer recognise the written word. For example, information such as activities and menus were pictorial.
- Information was available in people's care records about how they communicated.

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

- Records contained some information and staff had a good understanding of people's likes, dislikes and preferences.
- An activities programme advertised a programme of daily activities. However, staff although they spent time supervising people, were not observed to carry out activities with people.
- There were limited activities and opportunities for engagement for people. We observed people on the ground floor sitting outside in the morning. People on the top floor did not get the opportunity to go outside. A person said, "It can get a bit boring we need more activities." We discussed this with the visiting registered manager who told us it would be addressed.
- Organised entertainment and seasonal parties took place. One relative commented, "[Name] saw Elvis last week and enjoyed him but told the Al Johnson impressionist he was too noisy."
- Links with the community were developed and people had the opportunity to go out. One person told us, "We had tea and cakes at the museum last week, which was brilliant."

End-of-life care and support

- The service provided care to people at the end-of-their life.
- People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people with regard to their health care needs.
- Information was available about the end-of-life wishes of people.

Improving care quality in response to complaints or concerns

- We had received concerns that people did not always believe their complaints were dealt with and that improvements as a result of their complaints were not always sustained.
- A record of complaints was maintained which logged five complaints had been received in the last year and a complaints procedure was in place. We were told and saw improvements were made as a result of any complaints received.
- There was no written evidence available of investigation and the actions taken as a result of a complaint with a letter of acknowledgement to the complainant. We discussed this with the visiting registered manager who told us it would be addressed.
- Other people told us they had no concerns. One person commented, "I have nothing to complain about."

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 remained the same good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- Documentation and care plans were person-centred to ensure people received individualised care and support.

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

- The registered manager was responsive and took immediate action to make improvements as a result of the inspection.
- Staff were encouraged to develop their skills through training and personal development. Staff were champions and had responsibility for leading on different aspects of care.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- Regular, effective audits were completed to monitor service provision and to ensure the safety of people who used the service.

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

- The service was committed to protecting people's rights with regard to equality and diversity
- People received a range of information and were kept informed about events in the service.
- Organisational arrangements, quality audits and care records were detailed and thorough and reflected people's views and experiences.
- Meetings were held regularly. Meetings provided opportunities for staff and people to feedback their views and suggestions. One relative said, "I've been to the last two resident/relative meetings and we are asked if there are any concerns."
- Relatives and people were involved in decisions about care and advocates were also involved where required. One relative commented, "I completed a questionnaire and got a response, I feel involved and that's very important."

Continuous learning and improving care; working in partnership with others

- There was a programme of ongoing staff training to ensure staff were skilled and competent.
 - Records showed that staff communicated effectively with a range of health professionals to ensure that people's needs were considered and understood so that they could access the support they needed.
- 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
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.
 - The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.