Ashton Care (Bognor Regis) Limited

Ashbury Care Home

Inspection report

124-128
Aldwick Road
Bognor Regis
West Sussex
PO21 2PA

Tel: 01243824689

Date of inspection visit:
12 March 2019

Date of publication:
01 April 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:

Ashbury is a 29-bedded care home without nursing providing 24-hour care for people with mental health needs that include schizophrenia and bi-polar disorder. The home also provides support to people who may have a learning disability. The home is situated in Bognor Regis. At the time of our inspection there were 29 people living at the home.

Ashbury has 29 ensuite bedrooms located over two floors which are accessible via stairs or lift shafts. The home had two large communal areas and a garden at the rear of the home.

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

People's experience of using this service:

•People and relatives told us they felt the home was a safe place to be and felt comfortable to raise concerns with staff. One person told us, "The care and attention is the best thing about here."
•People were supported to live as independently as possible and told us that their needs were met. Activities took place on a daily basis and people were encouraged to participate if they wanted to. One person told us, "The best thing is it's very sociable here". Another person said, I do feel I get what I need here and the activities are not bad. I get to go out with a carer sometimes."
•Relatives and visitors were welcomed to visit people and given the privacy to talk. One relative told us, "The communication is good, and I can ring the staff about anything anytime. We have always felt welcome here."
•People and relatives told us that staff treated them with kindness and we observed friendly interactions throughout the day. One person told us, "Staff are marvellous and they are all so kind."
•People were happy with the food and said they were given a choice of home cooked meals. One person told us, "The food is excellent and the chef is good."
•People were supported by trained staff who were knowledgeable and knew how to care for people, in line with their needs and preferences.
•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.
•The provider had quality assurance systems in place to monitor the standard of care and drive improvement. Systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way.
•People, relatives and staff spoke positively about the culture of the home and said it was well managed. One person told us, "I do believe the place is well run." Another person said, "Staff do work as a good unit, they seem quite happy"

More information is in Detailed Findings below.

Rating at last inspection: Good (Following the previous inspection on 16 May 2016 the provider changed its registration to a Limited Company.) The provider registered the new service with the CQC on 6 December 2018.

Why we inspected: This was a scheduled inspection

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 Responsive findings below.

Ashbury Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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. The expert at this inspection had experience of caring for older people.

Service and service type:

Ashbury 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.

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 was an unannounced inspection, which meant the provider and staff were not aware that we were coming. We carried out our inspection on 12 March 2019.

What we did:

Before inspection:

•We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
•Notifications we received from the service about important events.
•Information sent to us from other stakeholders for example the local authority and members of the public.
•We sought feedback from professionals who work with the home, including health and the local authority.

During the inspection:

•We spoke with 11 people who use the service, two relatives, the registered manager, area manager, two care staff, the chef, the activities co-ordinator and a cleaner.
•We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
•We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•People told us they felt safe and systems were in place to ensure staff had the right guidance to keep them safe from harm. For example, one person's care plan detailed that they required staff to work in pairs when supporting the person as they had been known to make accusations of abuse. This meant the registered manager had considered the risks to safeguard the person and staff.
•Staff understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures.
•One person told us, "I've felt absolutely safe here and I've not experienced any aggression from other residents."
•Staff had received safeguarding training as part of their essential training and this was refreshed regularly.
•Staff were able to describe the different types of abuse and what action they would take if they suspected abuse had taken place. One staff member told us, "I would look for changes in behaviour and any physical signs and report to the registered manager."

Assessing risk, safety monitoring and management

•Risks to people were identified, monitored and managed to keep people safe.
•Care plans detailed people's individual risks and gave clear guidance to staff around smoking, self-harm and mobilisation.
•For example, we found guidance to staff in people's care plans around mobilising. Guidance included direction such as, to ensure that the person's environment was obstacle free to enable them to mobilize in their wheelchair independently. And, ensure that the person's Zimmer frame was near them at all times to prevent the risk of falls.
•Risks associated with the safety of the environment and equipment were identified and managed appropriately.
•Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved. Such as, electrical wiring, appliances and fire safety.
•Staff received health and safety training and staff knew what action to take in the event of a fire.

Staffing and recruitment

•We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this.
•A dependency tool was used to determine levels of support for each person. One person told us, "Yes, enough staff and staff do check on me from time to time. I always get a response to calls for help and they are quick to respond to a call for help."

•The provider had an established care team, some of whom had worked at the home for many years.
•The registered manager did not use agency staff to cover staff shortages, such as annual leave and sickness, promoting continuity of care for people.
•The provider had floating members of staff available to cover staff shortages or sickness across the three homes.
•Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
•We found that staff recruitment folders included, employment history checks, suitable references obtained and appropriate checks were undertaken to ensure that potential staff were safe to work within the health and social care sector such as disclosure and barring Service (DBS).

Using medicines safely

•People received their medicines safely and on time.
•Policies and procedures were in place for the safe, storage, administration and disposal of medicines and we observed these being followed.
•Staff received regular training, and competency assessments were carried out to ensure their practice remained safe.
•There were protocols and guidance for administering medicines 'as required' (PRN).
•People felt safe and told us they received their medication on time and as prescribed.
•We observed a member of staff administering medication safely, explaining to the person what they were for and asking how they were feeling.

Preventing and controlling infection

•People were protected from the risk of infection.
•Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed these being used.
•Dedicated cleaning staff followed cleaning schedules which ensured the home was clean and odour free. Cleaning staff told us, "I do a deep clean of bedrooms, bathrooms and communal areas once a week. I sign and date what I have done and keep all (hazardous substances) products locked away."
•Staff confirmed that they had infection control and food hygiene training.
•One person told us, "The cleaners are doing a great job."

Learning lessons when things go wrong

•Lessons were learned when things went wrong and accidents and incidents were managed safely and communicated to staff.
•For example, if a person was falling regularly the registered manager would look for any patterns and trends and what follow up action was needed to prevent a re-occurrence. Such as, involving the falls team and ensuring that the person had access to their mobility aids.
•One relative told us, "She does have falls from time to time. We've always been told by staff when"
•Staff understood their responsibilities to raise concerns, record safety incidents and near misses reporting them to the manager where appropriate.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

•A pre-assessment was carried out before people moved into the home to help gain an understanding of people's background, needs and choices.
•This information was used to form people's care plans and further developed as staff got to know people better.
•Care plans confirmed that people and their relatives (where possible) were involved in this process and that people consented to care and treatment.
•Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
•Staff had a good understanding of equality and diversity. This was reinforced through training and the providers policies and procedures.
Staff support: induction, training, skills and experience

•People were supported by staff who had the skills and knowledge to deliver effective care and support.
•Staff received training in a range of areas to support people and training records confirmed this. For example, some people presented behaviours that could challenge. The provider had sourced specific training around self-harm and self-neglect from the local authority to give staff the skills and knowledge to support people effectively.
•One person told us, "Staff seem well trained."
•Staff completed an induction when they started working at the home and 'shadowed' experienced members of staff until they were assessed as competent to work alone.
•New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care, expected from care workers.
•Staff received regular supervision and appraisals. Staff told us they received supervision and felt supported by the registered manager.

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

•People's dietary needs and nutritional requirements were assessed and accurately recorded to help people maintain a balanced diet. For example, if someone needed a low sugar diet.
•Staff understood people's dietary requirements and preferences. The chef was aware of special diets such as those in need of a diabetic diet or gluten free and those who were vegetarian.
•People were given a choice of food at mealtimes and alternatives were available.

•People told us that they enjoyed the food. One person told us, "The food and meals are fine and we do get choices. We all have water in our rooms."
•We observed the chef asking people what they wanted for lunch and giving them two choices.

Staff working with other agencies to provide consistent, effective, timely care

•Staff worked well with other agencies to provide people with timely care. Staff were proactive in involving other agencies to ensure people received person centred care and support. For example, making timely referrals to advocacy services, to support people in the planning if they were moving to another home.
•People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care. People were supported to attend regular checks with their optician and chiropodist.
•Staff handovers between shifts were thorough and staff had time to discuss matters relating to people, the previous shift and share any concerns. These handovers were also used to inform staff about appointments and share advice if the person had attended an appointment.

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

•People's needs were met by the design and adaptation of the building. For example, people's individual needs around their mobility were met by the adaption of the premises and people could move freely around the home.
•People's bedrooms were personalised with people's possessions. On person told us, how they decorated their bedroom and chose the colour scheme.

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

•People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GP's, district nurses, social workers and a chiropodist.
•One person told us, "I do go out to my GP and I get a lift sometimes. I have been to the dentist and they come around to cut my toenails."
•One professional told us, "I am the given space to talk, examine and give treatment to my patients."

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

•The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This 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 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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the depravation of liberty safeguards (DoLS).
•We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•For example, we found authorised DoLS in people's care plans for restrictions such as going out of the home. The DoLS stated when people must be accompanied by staff due to the risk of getting lost.
•Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. One member of staff told us, "I always assume people have capacity and offer choice wherever possible."

•People had an assessment in their care plans of their mental capacity to be able to make decisions about different activities.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

•People and relatives were complimentary about the staff. They told us that staff were kind, caring, helpful and respectful and this was evident in our observations throughout the day.
•We saw good interactions between staff and people, they knew each other well and had developed caring relationships. For example, when the chef was asking people what they wanted for lunch in the morning, he took an interest in what people were doing, asked about their day and sang with one person.
•One person told us, "Staff are very good, kind and helpful. Staff do treat others like they do me and If I need help, I get it."
•Staff adapted their communication style, body language and used gentle touch to reassure people. Staff understood people's individual communication needs. We observed one member of staff finding a quieter area to speak to one person, giving them the time and space to talk.
•We observed staff giving people encouragement. For example, we observed a member of staff supporting a person to get out of their chair to go outside and encouraging them to wear a coat due to the bad weather.

•Staff treated people equally and recognised people's differences. The registered manager gave an example, where representatives from the church visited the home twice a month for two people to observe their faith.

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

•Staff supported people to make decisions about their care.
People's views were sought though reviews, regular keyworker meetings and through daily interactions.
•One person told us, "Staff do talk to me about my care here."
•Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
•We observed staff giving people choice throughout the day. People chose what time they got up, where they wanted to eat their lunch and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

•People's privacy, dignity and independence was respected.
•People were encouraged to be as independent as possible. Staff told us they prompted people with personal care such as washing, brushing their hair and teeth.

•One person told us, "I choose where to eat and I help out in the kitchen sometimes. They always knock on my door when coming in."
•People were supported to maintain and develop relationships with those close to them, relatives and friends were invited to have meals with their loved ones if they wanted to.
• People's equality and diversity was respected. Staff adapted their approach to meet people's individualised needs and preferences.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received personalised care that was responsive to their needs.
•People their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
•People's care plans were person-centred and covered key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person.
•Care plans were kept electronically. Staff used hand-held devices which linked to people's care plans, this meant that the promptness and efficiency of the electronic devices enabled staff to spend more time with people.
•People had access to activities throughout the week. We observed planned activities such as arts and crafts, days out and takeaway evenings.
•One person told us how he had made a 'bucket list', and wanted to book a helicopter ride. Staff supported them to book and plan the activity. They told us, "It was the best day of my life."
•People were supported to keep in touch with friends and loved ones. The home had WIFI and people had access to mobile phones and tablets.
•On the day of inspection, the activities coordinator had organised a quiz where people at the home were joined by the sister homes to take part. People were engaged in the activity and we observed lots of friendly interaction between people.
•We saw lots of photo's in hallways of people enjoying different events and days out. The registered manager gave an example, of when the home held a Halloween party and invited the sister homes to attend.
•People and staff decorated the home and staff dressed up. The chef did a Halloween themed buffet and people enjoyed a range of activities such as, a quiz, donuts on a string and karaoke.
•People said it was fun and one person said, "They enjoyed making sausage mummies in the morning."
•The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
•People's communication needs were identified, recorded and highlighted in people's care plans. For example, one person had poor eyesight, so staff ensured that the person had extra light, a magnifying glass and that all literature was in large print.

Improving care quality in response to complaints or concerns

•People and their relatives knew who to contact if they needed to raise a concern or make a complaint.

•There was a complaints policy in place which people were given a copy of and we found complaints information on noticeboards.
•The provider had a separate complaints telephone line and email address for people and family to use. This meant that people and relatives had choices over how they raised a complaint and could choose a way that was comfortable to them.
•The registered manager responded to complaints promptly and gave an example where a complaint was raised regarding a person's personal care. The registered manager responded by introducing a chart in the person's bedroom for staff to sign each day, to confirm they had supported the person, with washing, dressing and oral care.
•People's views were sought through regular resident's meetings. We observed minutes of these meetings on the noticeboard.
•The registered manager had recently introduced a dedicated box for staff to put forward areas they felt needed to improve. The box was checked for comments each day.

End of life care and support

•At the time of inspection no one was receiving end of life care.
•Care plans recorded conversations with people and relatives (where appropriate) about their wishes for end of life care, including their preferences and funeral arrangements.
•The registered manager gave an example, where one person had passed away, the home organised with the person's family, for a celebration of the person's life to take place at the home. As many people from the home were not able to attend the person's funeral.
•People and staff made a collage board and wrote down memories of the person along with pictures, which the family could read and enjoy. They played the person's favourite music.
•People and family members had the opportunity to remember the person and celebrate their life together at the home.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•The registered manager had created an open and positive culture that delivered high quality person centred care. People, relatives and staff told us the home was well-led. One person said, "The staff do go above and beyond their normal duties."
•There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs.
•The registered manager promoted an open and honest service and lead by example. People and staff told us they were accessible and supportive.
•One person told us, "The manager is very professional, she encourages me to approach her with any problems."
•Staff understood the providers vision and values of the home and could tell us what they were.
•The provider promoted equality and diversity and had a diverse workforce. The registered manager told us, that some people living at the home had discriminatory views, these were recorded in their care plan, with risk assessments to ensure potential harm to others was avoided.

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

•The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
•The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the home.
•The provider carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes in their care.
•There was an audit schedule in place and the provider had an external auditor who visited the service every three months.
•The external auditor used the CQC's Key Lines of Enquiry (KLOE) prompts to monitor how the home was meeting people's needs. After each visit, the auditor produced a report, with evidence to support their findings.

•If any recommendations, or actions, were identified the registered manager produced an action plan, to say how they intended to address the issues to drive improvement.
•We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.
•Staff understood their roles and responsibilities and what is expected of them.

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

•People, relatives and visiting professionals were engaged and given opportunities to be involved, through daily feedback with staff and regular care reviews.
•People, their relatives and staff took part in yearly surveys.
•Quality assurance questionnaires were analysed to highlight areas for improvement. We reviewed the most recent questionnaires and found that feedback was very positive.
•Comments from relatives included, "We know who to contact in the event of any concerns." People said, "Staff know my name and I find them helpful, kind and friendly."
•Staff meetings were held regularly and daily hand over meetings between staff. Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.

Continuous learning and improving care

•The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.
•Systems were in place to continuously learn, improve, innovate and ensure sustainability. The registered manager told us, that they had introduced 'action points' for staff to read through and learn from.
•There was a strong emphasis on team work and communication.
•The provider had an 'Employee of the month' scheme. This meant staff were recognised and rewarded for their hard work. Staff told us, this made them feel appreciated.
•The provider also gave staff the opportunity to train as registered nurses, as part of their career development.

Working in partnership with others

•Staff worked in partnership with other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations.
•One professional told us, "My clients are supported to feel part of the homes community, but also have access to the local community. Evidence of excellent person-centred, positive risk-taking support and the manager always keeps me updated."
•The provider had good links with other care homes and kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE) and government initiatives.