Healthcare Homes (LSC) Limited

Ashley Court

Inspection report

6-10 St Peters Road
Poole
Dorset
BH14 0PA

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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 comprehensive inspection took place on 4 and 7 September 2017. The first day was unannounced. It was our first inspection of the service since it was re-registered following a change of ownership in March 2016.

Ashley Court is a purpose built home and is registered to accommodate a maximum of 60 people who require either nursing or personal care. There were 53 people living there at the time of our inspection.

Accommodation is provided in individual bedrooms on the ground, first and second floors. Each room has ensuite facilities. Communal areas include a lounge and a kitchen dining room on each floor, a sensory room and an activities room. There is a secure, well maintained garden at the back of the building with garden furniture and shelters.

The service was led by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All of the people we spoke with, and visitors, told us they felt safe and well cared for. We received only positive comments about Ashley Court throughout our inspection. Staff were also positive about the service they provided. They told us they felt well supported by the registered manager.

People told us that their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff. People's needs were assessed and plans were in place to ensure that their needs were met. People's choices and decisions were respected and staff enabled people to retain their independence wherever possible.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had satisfactory systems in place to recruit and train staff in a way that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed at Ashley Court and the skills they had, were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood how to protect people from possible abuse and how to whistle blow. People knew how to raise concerns and complaints and these were investigated and responded to.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture. There was a clear management structure in place. People and staff said was the registered manager was approachable and supportive.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

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.

Medicines were managed safely and staff competence was checked.

Risks were properly assessed and action was taken to reduce or manage any identified hazards.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed

Is the service effective?

Good

The service was effective

Staff received induction and on-going training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported to have access to healthcare as necessary.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge of people's needs.

There was a programme of activities to keep people meaningfully occupied and stimulated.

The service had a complaints policy and complaints were responded to appropriately

Is the service well-led?

Good

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

Ashley Court

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 was a focussed inspection to check the domain of 'safe'.

The inspection took place on 4 and 7 September 2017. The first day was unannounced. An inspector undertook both days of the inspection and a Specialist Advisor attended for the first day.

The provider had completed a Provider Information Return (PIR), which we reviewed. 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 reviewed all the other information we held about the service, including any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

As part of the inspection we spoke with 13 people who lived at the home to find out about their experiences of the care and support they received. 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 also spoke with 11 staff members and the registered manager. In addition, we spoke with three visitors to people living in the home.

We looked at six people's care plans; these included risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and three staff recruitment files.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel safe and secure here, they look after me very well". Relatives told us they were confident that staff looked after people well and kept them safe.

There were satisfactory systems in place to safeguard people from abuse. Staff received regular training about safeguarding and minutes of staff meetings showed that the importance of this was regularly discussed. The provider had notified the local authority and CQC of any safeguarding concerns or incidents. The registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Information about safeguarding adults was displayed on notice boards around the home and in the staff room to assist and prompt staff should they have any concerns. Staff demonstrated during discussions that they had the knowledge and confidence to identify safeguarding concerns and knew how to report these.

Environmental risks were managed safely. These were regularly reviewed and updated. There were risk assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems. Equipment was serviced at the required intervals, thereby ensuring it was safe to use.

Arrangements were in place to keep people safe in an emergency. Staff understood these and knew where to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed. The home also had plans in place to manage interruptions to the power supply, breakdown of equipment or other emergencies.

Risks to people were identified and assessed. Where staff had identified possible risks to people such as a risk of falling, skin integrity issues or weight loss an assessment had been completed and a risk management plan for each risk area was in place. For example, some people had lost weight due to health conditions that they lived with. Staff monitored what people ate and encouraged people to eat more.

Accidents and incidents were monitored to look at possible risks or failures in systems or equipment. Following any accident, the registered manager reviewed the person and their records to make sure that any identified actions had been followed through. At the end of each month, all accidents and incidents that had occurred in that period were reviewed to look for any trend or hazard where action could be taken to reduce further such occurrences.

People living at the home, relatives and staff, all told us that they believed staffing levels were sufficient to meet people's needs. People said their call bell was answered in good time and their care and treatment needs met. Relatives also confirmed that they had observed that call bells were answered promptly and people were checked regularly where they were unable to use the call bell.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate

experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character

There were satisfactory systems in place for the administration and management of medicines. We checked storage and administration of medicines procedures, and discussed medicines management with the registered manager. Records showed that medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved.

The registered nurses were responsible for the administration of medicines. Records confirmed that they had received regular training and competency checks.

Medicines administration records (MAR) contained information about people's allergies and had a recent photograph of the person. MARs were complete and contained the required information where doses were not given. Prescribed creams could be given by healthcare assistants and there was information and body maps together with administration records showing people had these creams applied as directed.

Staff supported people to take their medicines safely. They explained what the medicines were and asked if the people were happy to take them. They made sure that people had a drink to have whilst taking their medicine.

Good

Is the service effective?

Our findings

People told us staff were skilled and that they had confidence in them. One relative told us they found all of the staff approachable and understanding. A member of staff told us they had been impressed with the training they had received when they joined the service.

One staff member was new. They told us their induction had been thorough and made sure they understood their role, responsibilities and the help people needed before they started to support them. They said they could gain informal advice or guidance whenever they needed to either from the registered manager or from the other staff that they worked with.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Training records showed that staff had received training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. New staff confirmed that they had undertaken a comprehensive induction as well as working some shadow shifts to enable them to observe and understand their role and the range of people's needs. The registered manager confirmed that induction training was in accordance with the Skills for Care, Care Certificate. Skills for Care is a national organisation that set the standards people working in adult social care need to meet before they can safely work unsupervised. Some staff had not completed refresher training within the timescales laid down by the provider. The registered manager demonstrated that they were aware which staff required refresher training and had training sessions planned to address this.

Staff were provided with support and supervision. Staff confirmed that supervision took place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were many examples of staff reassuring people if they became upset or chatting to them about their family or previous events in their life. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

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 told us they made their own choices and that staff listened to and acted upon their decisions. Consent was sought by the service with people signing agreement to things such as the use of photography

and equipment such as bed rails.

Where people lacked capacity to make specific decisions, mental capacity assessments and best interests decisions were in place for issues such as covert administration of medicines, personal care and the use of room sensors or pressure mats..

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when DoLS applications would be required and had a system in place to ensure they were aware when DoLS authorisations expired and any conditions had been adhered to.

Some people were not able to leave the home because doors and the lift were locked and accessed through a special code. Where people lacked capacity to consent to this, mental capacity assessments, best interests decisions and DoLS applications had been made.

People told us they enjoyed the meals. The chef told how they always visit people when they move into the home to establish any special requirements or preferences. Records showed that they and the staff were aware of people's likes and dislikes and menus were adapted to meet individual needs. They understood about people's specific dietary needs including allergies or people who required their foods to be served in a specific texture such as soft or pureed meals. They told us they were kept updated by staff about people's changing needs. For example, one person was losing weight and staff told the chef. They changed the person's diet to include high calorie foods such as fortified milkshakes.

People were supported to access the health care they needed. People told us that staff sought medical help quickly when they were poorly. Records confirmed this showing that people had seen their GP, nurse or dentist, and other professionals such as hospital consultants, dieticians and physiotherapists.

The home was purpose built to accommodate older people, including people who live with dementia. There was level access to a secure garden at the rear of the property. Bedrooms and communal areas were spacious. Signage and equipment was not always clearly adapted to assist people living with dementia: for example, research has shown that strongly coloured toilet seats help people recognise the lavatory and therefore supports them with continence. Also, coloured crockery that is also adapted to help people eat independently, has shown people's dietary intake improves. This was an area for improvement.

Good

Is the service caring?

Our findings

People described staff as caring and approachable and confirmed that they normally received help and support when they rang their call bell or asked someone. Relatives told us that staffing in the home had improved over recent months because there were more permanent staff and less reliance on agency staff. They said this meant that there were more regular faces who people could get to know and that the staff had been able to develop their understanding of people and their needs.

Staff knew people well, including their current support needs, and information about their history and family. This meant they were better able to have conversations with the person and support them in the way they wanted. Records supported staff understanding as each person had information recorded about people's lives, family, career and other things important to the person concerned.

People told us staff were polite, respectful and mindful of people's dignity. Staff took care to ensure that doors were closed when they were assisting people with personal care. They also hung a sign on the door to prevent other people or staff from disturbing them.

Staff had a caring and respectful manner. Staff either sat on chairs or crouched down when they were chatting with people who were sitting down. During lunch, one person was not eating. A member of staff noticed this, went over and sat with them and engaged them in conversation. The staff member also retrieved an item that was clearly significant to the person from a bag and placed it on the table. There was a conversation about the item and the person began to eat their meal.

There was a positive atmosphere between people and staff with lots of conversations taking place between people and staff. Staff were interested in people, asking them how they were and how their day had been. People responded to staff positively with smiles and freely approached staff to ask for help or to chat with them.

People were smartly dressed, clean and comfortable. People who used aids such as hearing aids or glasses were wearing them and people had their watches or jewellery, such as a necklace or earrings, on where they chose to.

People's bedrooms were personalised with items of their furniture, ornaments, pictures and photographs of people who were important to them. There were memory boxes outside people's rooms. These contained information about people that was important to them and helped orientate people to their bedroom. Some boxes were untidy and items such as photographs had fallen over so it was not easy to recognise the things in the box. This was an area for improvement.

People's end of life wishes were considered. One person had a care plan that explained what was important to them and what they did not want to happen, including where they wanted to be cared for. Where people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders in place these were clearly displayed at the front of people's care plans.

Good

Is the service responsive?

Our findings

People had their call bells positioned near them so that they could summon assistance whenever they needed to. They told us staff responded quickly to their requests for assistance. Many people were unable to use a call bell. Staff were aware of who these people were and made additional checks to ensure that they were comfortable and offer any support that may be required.

People's needs were assessed before they came to stay at the home. This made sure staff understood about what help or support the person wanted or needed. Following admission a procedure was in place to make sure that people's support needs and preferences were clearly documented together with a plan of how their needs should be met. This included areas of a person's care such as their health and medicines needs and DNACPR status. Any risks were identified and acted upon.

Staff used assessments to develop care plans related to people's individual needs. One person had mobility issues; their care plan explained to staff how they needed to be supported including what equipment was required and any identified risks. Another person could become worried and anxious. Their care plan explained to staff what they could do to help. This included using communication and reassurance and making sure the person had opportunities for occupation such as looking at a book or joining in one of the organised activities.

Daily records were kept of the support people had received. Where additional monitoring was in place, such as where someone was nutritionally at risk, staff had kept records of people's food or fluids and the action taken if this was required.

People told us they were happy with how they spent their time. One said, "I enjoy the activities, [the staff responsible for activities], puts lots of effort in and always invites me." Two full time activity staff were employed. A programme of weekly activities was in place which included regular visits from a local nursery school and also from professional entertainers such as singers and musicians. There were also regular trips out; the most recent had been a boat trip in Poole Harbour and also regular events within the home that families and friends were invited to. A notice board showed a number of photographs of the recent summer fayre and barbecue. Staff told us this event had been a great success and they had been able to raise funds for more activities equipment or trips.

People told us they would be happy to raise a concern or make a complaint although nobody had needed to. One person said, "I can't see a thing I would change".

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved in. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the

concern had been investigated, the timescales this was done within and the outcome for each complaint.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and possible outings

Good

Is the service well-led?

Our findings

Staff felt the registered manager was approachable, helpful and supportive and told us their ideas, suggestions or concerns were listened to and acted upon. They described effective team work. Relatives told us that they were always made to feel welcome and encouraged to be involved and participate in life in the home.

All of the people and visitors we spoke with were positive about the registered manager and the way the home was managed. People and relatives told us that there were always staff available to them if they had queries or concerns and that they knew the registered manager was available for them should they need her. They added that they knew that they would be listened to and that action would be taken if they raised concerns.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the management team and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as the Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. Quality assurance systems had been fully implemented within the service. The registered manager was supported by regional staff who visited the home regularly. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified, a plan was in place to ensure there was learning and to prevent any reoccurrences.

People's experience of care was monitored through annual surveys which were sent to people living in the home and to relatives and friends that visited. Surveys were analysed and a report created from the results which included any areas that had been highlighted as requiring action and a plan with timescales to implement the required actions.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via email by the Care Quality Commission and other independent supporting bodies.