

Ashleigh Residential Home Limited

# Ashleigh Residential Home Limited

## Inspection report

15 Gladstone Road  
Chesterfield  
Derbyshire  
S40 4TE

Tel: 01246235162  
Website: [www.ashleighresidentialhome.co.uk](http://www.ashleighresidentialhome.co.uk)

Date of inspection visit:  
12 November 2019

Date of publication:  
13 December 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

Ashleigh Residential Home is a residential care home that provides personal care for up to 25 people, some of whom are living with dementia. The accommodation is split over two floors, with a chair lift available to the second floor. There are two communal lounges and a dining area and accessible outdoor space. There are several bathrooms and toilets throughout the building. At the time of inspection 22 people were using the service.

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

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

People remained safe at the service and risks about their well-being were assessed, recorded and reviewed. People told us that when they needed assistance, staff responded promptly. People were supported to take their medicines safely. Incidents and accidents were investigated, and actions taken to prevent reoccurrence. The premises were clean, and staff followed infection control procedures.

People's needs had been assessed, plans developed, and they received care and support from staff who had the skills and knowledge to demonstrate a full understanding of their care needs. People were provided with a nutritious and varied diet and were complimentary about the food and the choices offered. Staff were safely recruited and received the training and support needed to undertake their role.

Staff always treated people with kindness and respect and people told us they felt involved and supported in their care. There was a friendly and welcoming atmosphere for people using the service and people and their relatives gave positive comments about the staff and the care provided.

Staff were responsive to people's individual needs and were seen to engage well. Activities and entertainment were organised on a regular basis, which people said they enjoyed. People, visitors and staff views were listened to and actions were taken to improve the service for all.

The service was led by clear leaders who conducted quality assurance audits to monitor the running of the service. These systems were in place to continue to drive and improve the level of the service. The registered manager was praised by many for their positive and supportive approach. The management team and staff engaged well with other professionals to support the needs of the service.

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 12 May 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?

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.

# Ashleigh Residential Home 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 and an assistant inspector.

#### Service and service type

Ashleigh Residential Home 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. The inspection was completed in one day.

#### What we did before the inspection

We reviewed information we had received since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from any partner agencies involved with people's care, this included local authority care commissioners who contract with the provider. 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. However, we offered the registered manager the opportunity to share information they felt was relevant. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. Where people were unable to speak with us, we observed the interactions in the communal areas between them and staff.

We spoke with seven members of staff including the registered manager, deputy, care workers, activity coordinator and the cook. We also spoke with a visiting healthcare professional for their feedback. We reviewed a range of records. This included parts of six people's care records and seven medication records. We reviewed complaints, medication audits, training records and staff files in relation to recruitment and supervision; a variety of residential policies and procedures were checked including the providers checks for quality and safety.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for further evidence works had been completed and received this in the timescale suggested. We spoke with two further professionals who regularly visit the service. We used all this information to help form our judgements detailed within this report.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from discrimination, abuse and neglect.
- Staff had a consistent approach to safeguarding, were aware of the policies and procedures in place and were able to tell us of actions they would take to protect people and report their concerns.
- Safeguarding information was available for people and staff. The registered manager reported safeguarding to the local authority responsible for investigating safeguarding concerns and incidents and CQC. The registered manager also used the staff disciplinary procedure if concerns were identified about staff's practice.

Assessing risk, safety monitoring and management

- The risks to people's health and safety had been assessed. Staff had guidance of how to support people to reduce the risk of avoidable harm. Care plans identified where people were at high risk of falls and had fallen, further measures had been considered to reduce the risk. For example, use of pressure mats were used, to support staff to respond quickly.
- Personal emergency evacuation plans were in place should staff need to evacuate people in an emergency. These considered people's physical and mental health needs and were readily available. Staff had received fire safety training and could explain emergency procedures and responsibilities.
- Health and safety maintenance checks were completed at required intervals. This meant there was consistent recording to give a clear picture of safety at the service.

Using medicines safely

- Medicines were ordered, stored and managed in accordance with national best practice guidance. A sample stock check was found to be correct.
- Medicine administration records showed when a person had taken or refused their medicine. These records were reviewed monthly to ensure any issues could be identified and any errors identified and acted upon before they impacted on people's safety.
- Staff received refresher training and had competency checks by management, in the safe administration and management of medicines. One staff member told us that missed signatures had been identified in a previous monthly audit and the staff involved had been supported in addressing this.

Staffing and recruitment

- People were positive about the availability of staff. One person said, "I don't have to wait long for them to appear when I need them, 'just a minute' they say and then they are there." People also told us there was a small staff team and they knew most of the staff well. One relative said, "Whenever I come there appear to

be enough staff."

- Recruitment checks were completed before staff commenced their role, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references.

#### Preventing and controlling infection

- People were protected from the risk of cross contamination and infection. Staff followed national best practice guidance in the prevention and control of infection.
- Staff had received infection and prevention training, they were seen to use disposable gloves and aprons, and the environment was clean and free of malodour.

#### Learning lessons when things go wrong

- There were processes in place for the reporting of any incidents, or accidents. Staff knew how to report, and action was taken to learn from these. Examples of action taken was by providing assistive technology to monitor people at high risk of falls. Risks were also documented in a daily handover shared with staff.



# 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. This meant 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

- Some people's support plans and care records were inconsistent in the level of guidance between the paper and new electronic records. Whilst information was detailed, and clear on the electronic record, some information in the paper care plan was contradictory.
- When we spoke with care staff about the care of individual people, we found they had a good knowledge of people's current medical conditions and support needs. We concluded the impact on people was low and discussed with the registered manager the need to improve paper documentation whilst running the two systems.
- Recognised assessment tools were used, to assess and monitor people's needs associated with skin care, weight management and oral healthcare. Policies also reflected current legislation and best practice guidance.
- People's diverse needs had been assessed. This included any protected characteristics under the Equality Act 2010, to ensure people did not experience any form of discrimination.

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

- The provider had cameras in the communal areas of the home and these had been useful to review footage when an incident had occurred. On first installation of the system, consent had been sought from people who lived there. There is signage indicating CCTV is in use. We asked that the provider update their privacy impact assessment for all clients, the registered manager was going to make sure this was addressed.
- People were able to personalise their bedrooms and they had access to any equipment they required. People could access a pleasant, secure garden with a smoking shelter to protect people from the weather.

Staff support: induction, training, skills and experience

- People and relatives commented on staff's professional and caring manner. We saw examples of this throughout the day.
- All the staff we spoke with, felt they were well supported by the management to develop knowledge and skills. The providers training spreadsheet showed a high rate of compliance for staff with the required training; some was on line and other included face to face sessions. The provider had recently purchased a resuscitation model to assist staff with first aid training.

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

- People had access to a choice of drinks and snacks. People were positive about the choice and availability of meals and drinks. A person said, "The food is very good, and there is always a choice." Staff were attentive

to people's needs and support was unhurried, and this resulted in people having a positive mealtime experience.

- People's food preferences were recorded, and this included any dietary needs which may be associated with religious, or cultural needs.

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

- People's healthcare was monitored. They told us they could access healthcare services when they needed to. There was a weekly visit from the GP where any concerns could be raised, and staff knew how to refer to other external services if required.

- Records showed referrals were made to request a range of healthcare professionals to support with people's changing health needs. For example, access to community mental health services.

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.

- People's needs had been assessed and agreed with them, or their representative, before they received care and were reviewed. Everyone we spoke with was confident staff understood their health needs and their related care requirements. Several relatives told us they had been involved in gathering information for the care plan and had been involved in reviews.

# 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

- Staff demonstrated they knew people well, including their routines, preferences and what was important to them. Staff were positive about their role and a staff member said, "Staff pull together and support one another." Another said, "You seem to get a connection with the residents and treat them like family."
- The provider had an equality and diversity policy and staff had received this training. Staff demonstrated understanding and respect of people's diverse needs, preferences and lifestyle choices.

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

- People were involved in their care and support. Some people told us they relied on their relative to attend meetings or discussions about their care. One person said, "My relative deals with all that sort of thing."
- The registered manager told us people's support plans were reviewed monthly and this was completed with the person and/or their relative where appropriate.
- Information about independent advocacy services were available for people. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed they were treated with dignity and respect and their choice upheld. A person told us, "They always ask what I want to wear, and every day there is always things on the menu for me to choose from; whether it's the type of food I like, or an alternative on offer." A relative said, "With all the activities happening now, it keeps [name] occupied even if choosing not to directly take part."
- Staff gave examples of how they respected people's privacy and dignity. A staff member said, "I always treat people with dignity and respect, it's how I would want my family to be treated."
- People were supported to maintain contact with their family and friends, including using new technologies to do so. There were no restrictions on visiting times, relatives were encouraged to be fully involved in people's ongoing care.

# 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 were supported in their initial assessment and added verbal information to help staff develop their support plans. Relatives informed us they had also been asked to help to contribute information in order for staff to deliver more person-centred support.
- Staff received a handover of information about any changes affecting people when they started their shift. Staff also told us if they had been off for a few days they were encouraged to read back to ensure they had not missed any information. This meant staff were up to date to support people's current needs effectively.

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.

- Information was available in a range of formats and methods to support people to be involved in their care and support. Talking books and audio descriptor devices were available for people to use. Recent provision of a trial of a large hand-held tablet device which allowed for face to face calls with family and on-line games and quizzes had proved to be very positive with people and this provision had been extended.

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 supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. This included support to spend time with their families and engage in activities that were important to them.

Improving care quality in response to complaints or concerns

- People told us they knew who to go to with a complaint. One person said they would, "Go to the manager as things are dealt with swiftly." Another person told us they felt unsatisfied with the outcome of a complaint they had raised, the registered manager acknowledged they were aware of this and were working towards a resolution for that person.
- Several relatives told us they were aware of the complaint's procedure but had not used it. They told us instead they would go straight to the registered manager as it would be dealt with swiftly. This demonstrated confidence that issues would be addressed swiftly.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. Care planning demonstrated some people's wishes and views were considered. However, there was opportunity for this area to be further explored and this was discussed with the registered manager.

# 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. 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

- People were positive about the care and support they received and told us they felt listened to and involved in their care. People were supported to live fulfilling lives, we were told of recent visits to community events and trips out.
- A relative told us they had, "Just recommended it to a friend, who was looking for a care home for their relative."
- Staff told us they were happy working at the home. We saw they understood the values and the vision of the service and provided care in line with these and national care standards.

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 provider had systems in place to enable people to raise complaints or concerns.
- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send to us by law, such as incidents, serious injuries and allegations of abuse. This helps us to monitor the service.

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

- Staff were clear about their role and responsibilities. They told us they received regular supervision. One staff member said, "If you have any worries or concerns you can always raise them." There was on-call support via mobile telephone available 24 hours a day.
- Systems and processes enabled the management team to have continued oversight of the service. Quality and safety standards were monitored to ensure people consistently received a personalised, consistent and safe service.
- The registered manager was approachable, responsive and committed to driving improvements. There was a clear line of organisation and staff were clear of their individual responsibilities. Many people told us that they thought the service was well-led.

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

- People were invited to contribute their views on an ongoing basis through surveys or informally. This meant people's voices could be heard, and any feedback could be considered and responded to.

- Staff told us they felt valued in their role and involved in their development needs. One staff member told us about an opportunity she had been offered but had turned down and said, "She [registered manager] was supportive of my decision and offered to help me." We saw staff meetings were held regularly and minutes made available for those who could not attend.

#### Continuous learning and improving care

- The provider carried out regular checks of the safety and quality of the service to make sure people were receiving good care. They had systems in place to monitor this and to ensure staff had the training and support they needed.
- The registered manager carried out unannounced spot checks to make sure staff were providing good quality care to people.
- The registered manager was aware of the need to ensure their knowledge was up to date and that identified best practice was shared with the team.

#### Working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged. All staff we spoke to were committed to providing a quality service for the benefit of those using it.
- Records demonstrated the service had established positive links with external health and social care professionals. Feedback we received praised the 'family run' atmosphere of the home.