South West Care Homes Limited

Ashley House - Langport

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 29 December 2015.

Ashley House (Langport) is registered to provide care and accommodation for up to 25 people. The home specialises in the care of older people.

The last inspection of the home was carried out in November 2013. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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.

People living at Ashley House (Langport) told us they were happy with the care and support provided. They said the manager and staff were open and approachable and cared about their personal preferences and kept them involved in decision making around their care. One person said, "I told my daughter what I wanted and expected and she visited several places and said this home was ideal. I can't argue with that, however I did have the choice if I was not happy to find somewhere else, so as I am still here I must be happy." Another person said, "I am very happy here. It is the place I chose and I can choose what I do daily."

Everybody told us they felt safe living in the home, one person said, "I have always felt safe right from day one." Whilst another person said they felt very safe when being cared for by the staff. Everybody was relaxed with staff and there was a friendly, cheerful atmosphere in the home.

Before the inspection we received concerns that staffing levels at night were low in the home which may have an impact on the safety of people. The registered manager confirmed there was one waking and one sleeping member of staff at night. They explained they monitored people's care needs and if an extra staff member was needed more regularly, they were able to have two waking staff at night. They also confirmed a senior member of staff was available on call at all times.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during the day. One person said, "They all seem to care for you as an individual and take the time to sit down and have a chat." Another person said, "[The registered manager] is so nice she came and sat on my bed and we talked about how I felt and if there was anything she could do to help." A staff member said they felt they had plenty of time to do their tasks and chat with people through the day. The manager confirmed staffing levels could be flexible to meet the care needs of people and to support other staff with activities.

People told us they received care from care workers who were knowledgeable about their needs and were

appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people, for example they were receiving training in dementia awareness and end of life care to help support the increasing number of people referred to the home with more complex needs. They understood people's needs and were able to explain to us how they would care for each person on a daily basis. One staff member said, "We are a small home so we know people very well. We also have handovers when we discuss specific changes and needs. Then the care plans are very informative."

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included the person's written consent to care. Staff had comprehensive information and guidance in care plans to deliver consistent care the way people preferred.

The registered manager had a clear philosophy for the home. The statement of purpose said their aim was to, "Create a relaxed and happy atmosphere for people who value their privacy and independence yet appreciate the benefits of companionship." We saw in care plans this philosophy was followed. One care plan said, "I like company and to be as independent as possible." Staff also said their aim was to ensure people were relaxed, happy and could be as independent as possible. This was observed throughout the inspection.

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff said they knew how to report any concerns, and people who lived at the home said they would be comfortable to discuss any worries or concerns with the manager.

People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

The service had a complaints policy and procedure which was available for people and visitors to view on the noticeboard. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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.

There were adequate numbers of staff to keep people safe.

There was a robust recruitment procedure which minimised the risks of abuse to people.

People received their medicines safely from staff who had been trained to carry out the task.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People had access to meaningful activities, which reflected their

personal preferences and hobbies.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well-led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Ashley House - Langport

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 was planned to check 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 inspection took place on 29 December 2015 and was unannounced. It was carried out by an adult social care inspector.

Ashley House (Langport) is registered to provide care and accommodation for up to 25 people. At the time of the inspection there were 21 people living in the home. The home specialises in the care of older people.

The last inspection of the home was carried out in November 2013. No concerns were identified with the care being provided to people at that inspection.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with seven people who lived at the home, two visitors and four members of staff. The registered manager was available throughout the inspection.

We spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included four care plans, three staff personnel files, minutes of meetings and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "I am very happy therefore you can take it as said that I also feel safe." Another person said, "I feel really safe, home from home." One relative said they felt very happy their [the person] was living at Ashley House (Langport).

Before the inspection we received concerns that staffing levels at night were low in the home which may have an impact on the safety of people. The registered manager confirmed there was one waking and one sleeping member of staff at night. They explained they monitored people's care needs and if an extra staff member was needed more regularly they were able to have two waking staff at night. They also confirmed a senior member of staff was available on call at all times.

People were supported by adequate numbers of staff to meet their needs and keep them safe. Throughout the inspection visit we saw people received care promptly when they asked for help. People had access to call bells to enable them to summon assistance when they needed it. One person said, "They are very good, I have never had to wait long for someone to come and they always have the time to sit and chat with me." One staff member said, "Some days are more busy than others but we all work together as a team. Sometimes I think it would be nice to have an extra pair of hands in the afternoon so we can do more activities." We discussed this with the registered manager who confirmed they had discussed this with staff and were working towards providing an extra staff member in the afternoon.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. These were provided for all staff personally. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. Where concerns had been raised with the registered manager they had notified the appropriate agencies and worked in partnership with them to ensure full investigations were carried out.

Care plans and risk assessments supported staff to provide safe care. They were reviewed monthly or when needs changed and contained information about risks and how to manage them. For example there was information relating to falls, mental and physical health, skin vulnerability, nutrition and moving and handling risks. On a day to day basis, staff shared information about people at risk during the handover between shifts. For example, one person was at risk of falls, their care plan showed they had a safety system

in place that would alert staff when they walked around their room. This was used as a preventative measure so staff would be alerted to assist them to remain safe. This person's care plan contained a best interest decision agreed with a relative who had lasting power of attorney. This meant they could legally make decisions on their behalf.

People's medicines were administered by staff who had received specific training and supervision to carry out the task. All senior staff had received training in the correct procedures to follow and a competency check was carried out every three months to ensure they remained up to date with current best practice. People told us they received their medicines at the right time. One person said, "You can tell the time by them in the morning, I always have my medicines on time."

The registered manager explained they planned to move to an electronic system for administering medicines. This would be a hand held device which recorded when medicines were required and when they were administered or refused. All senior staff were completing the training to enable them to make the transition to the new system. This would support staff in ensuring people received their medicines at the right time with the correct therapeutic gap between.

People's medicines were securely stored. Some people's medicines were administered from lockable cupboards in their bedrooms. At the time of the inspection nobody in the home received medicines that required additional security. However there was suitable storage available when required. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked these records against stocks held and found them to be correct.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire-fighting equipment, fire doors, and hot and cold water temperatures. Specialist hoists, the stair lift and the call bell system had also been serviced and were maintained in good working order.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "The staff are all absolutely marvellous without exception. They are all so helpful and know what they are doing." One relative said, "Early days yet but they seem to have settled and the staff already have a good rapport with them."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. The registered manager confirmed the induction had been reviewed to follow the Care Certificate, which is a nationally recognised training programme.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Staff told us training included; understanding dementia, fire safety, infection control and nationally recognised qualifications in care. Staff said they received regular training updates to make sure they were working in line with current good practice guidelines and legislation. One staff member said, "The training we get is good, I sometimes complain we get too much but they certainly make sure we keep up to date."

The staff team was stable with many staff having worked in the home for a number of years. This meant people experienced a consistent approach to the care and support they received. For example, staff could explain how they looked after each individual and how they preferred to be cared for.

People were supported by staff who received regular supervisions. These were either through regular one to one meetings or team meetings. This enabled staff to discuss working practices, training needs, and to make suggestions with regard to ways they might improve the service they provided. The registered manager told us the staff supervisions had slipped back but they had identified this through their monitoring process. A team meeting had been arranged and one to one supervision bought up to date. All staff spoken with confirmed they had attended a recent one to one meeting when they discussed their role and any training they might need.

Staff monitored people's health and ensured they were seen and treated for any acute or long term health conditions. We observed staff handover between shifts this showed staff noticed changes in people's well-being. Staff told us if they had observed a person was, "not their usual self", or required a visit from the doctor, they would contact the appropriate professionals to make sure they received treatment. One person said, "They are very good. If I need to see the doctor they will arrange for them to visit."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition staff sought support from professionals such as GP's and speech and language therapists. Staff confirmed they had used food supplements for people with weight loss.

At lunch time we saw most people enjoyed the company of others in the dining room, whilst others choose to eat in their room. Meals were served from the kitchen close to the dining room, so were always served hot and fresh. Food taken to people in their rooms was plated up, covered and taken to them straight away. People were offered assistance in a supportive and dignified way. However at the time of the inspection people require little assistance. The meal time was not rushed and people were able to enjoy a relaxed social experience with music and plenty of conversation. Everybody spoken with said the food was good. One person said, "There's always a good selection and plenty of it." Following a residents meeting the registered manager was planning to introduce a menu working group, with people becoming actively involved in menu planning.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). 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's care plans contained information outlining when a decision had been made in the person's best interests. This information included an assessment of the person's capacity to make a certain decision, and the people who had been involved in making a decision in the person's best interests. For example, a best interest meeting had been held for one person who would try to leave the home when staff left. The care plan showed a best interest meeting had been held with the relevant people and a clear strategy was in place to ensure the person was meaningfully occupied when staff left the home at the end of their shifts. The registered manager obtained proof relatives had obtained lasting power of attorney, before they gave consent on a person's behalf. Staff were aware of the need to obtain consent on a daily basis. We observed staff explaining to people what they needed to do and asking if it was alright.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had a good knowledge of this law and had completed relevant applications for people who they felt were deprived of their liberty under the act. For example for one person was saying who would say they wanted to go home, but did not have the capacity to understand they were in a safe place. Best interest decisions meetings were recorded and the application had been made and accepted by the local authority.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them with their care needs. Everyone was very complimentary about the staff who worked at the home. One person said, "They are all very nice, time for a chat and really care about how you feel." Another person said, "They [staff] are all very caring people. They do the job because they care, not for the money." One relative said, "They have already managed to build up a rapport with [the person]. Cheerful and always smiling."

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged everyone. Staff had a very good rapport with people and friendly but professional banter was observed throughout the day. During lunch we observed one person who was new to the home, became very anxious about eating in the dining room. Staff were very caring and assisted them to return to their room to have lunch reassuring them all the way. They then returned and said they would try to meet the other people and staff remained caring and patient and assisted the person to the table and introduced them to the other people.

People were treated with respect and dignity. When people required support with personal care this was provided discreetly in their own rooms. One person said, "I always feel I am treated with respect, they explain everything and always ask me if I am happy." Visiting professionals such as the chiropodist, dentist and optician could also use the privacy of the person's room.

Each person had their own bedroom which they could access whenever they wanted. Some people chose to spend time alone in their rooms whilst others liked to socialise in communal areas. Staff respected people's choices about how and where they spent their time. One person said, "Look at that view, why would I want to sit anywhere else than in my room with my books and that view? They [staff] don't mind and pop in every now and then to make sure I am alright."

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis. This enabled people and relatives to make comments on the care they received and voice their opinions. Residents meetings had been introduced and there were plans in place for more regular meetings, with people taking resident representative roles within the home. The meeting minutes showed people discussed what they wanted to do and suggestions for trips. For example, people discussed local options for trips out and activities they would like to take part in in the future. These trips and activities were made possible by the care staff. People's views were also sought through questionnaires and from families. The registered manager explained they had decided the questionnaires were not very easy to follow. They had developed more user friendly versions with happy and sad faces for people who could not

express themselves in words. Comments in a previous questionnaire were very positive, with people saying, "I am very pleased with the care and attention my [the person] received". And, "Very caring and kind staff." One person living in the home had written, "All staff are first class and can't do enough for us."

Good

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time. One person said, "I was always worried I would lose my independence if I moved into a home but that is far from the truth. I decide everything about my day and if I don't want to join in anything nobody tries to force me."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care. One person said, "I told my daughter what I wanted and expected. She visited several places and said this home was ideal. I can't argue with that. However I did have the choice if I was not happy to find somewhere else, so as I am still here I must be happy."

Following the initial assessment care plans were written with the person as far as possible. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's wishes. They included life histories to ensure staff understood their lifestyle choices and personal preferences. The registered manager said they used people's life experiences to find ways of keeping them involved. For example one person enjoyed shoe polishing, so a kit was bought and they offered to polish people's shoes. Another person liked to help fold the laundry, whilst another person enjoyed washing up and preparing vegetables for lunch. One person enjoyed knitting and staff supported them to continue with their hobby even though their eyesight was poor.

At handover meetings staff discussed each person and made sure staff coming on duty knew about any changes in people's needs. The staff also discussed any personal issues which may affect the support people required. For example, one person was anxious about meeting new people. All staff were made aware and assisted them when necessary. Staff told us handover meetings kept them up to date with everything in the home and they felt communication was good.

Staff arranged for people to be reassessed if they felt they were no longer able to meet their needs. People's families and representatives were involved in re-assessments and if people did not have a personal representative the registered manager arranged for independent advocates to support them.

People were supported to maintain contact with friends and family. One person said, "I see my family regularly, it is so easy for them to come here and they are always welcomed." One relative said, "We have been made to feel so welcomed and we have been able to come in daily." The registered manager confirmed relatives had been invited to join the residents meeting. This meant people could be supported to express their opinions by a family member.

The organisation sought people's feedback and took action to address issues raised. Any issues raised from

the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken. For example, people had commented on the "tired" look of the conservatory and how it was not used that much. A refurbishment plan had been put in place and the progress was reported back to people at the resident meeting. During the inspection we observed people used the conservatory as a quiet area to sit. One person said, "They have done a lot of work on the conservatory, now we are going to work on the garden in the spring."

People were able to take part in a range of activities according to their interests. The registered manager organised activities and care staff provided social stimulation to people who chose to remain in their rooms. One person said, "I enjoy my knitting, I do it from memory." Another person said, "There is plenty to do if you want to join in." One person who remained in their room said, "I have all I need and they pop in and see if I need anything. Sometimes I go to the lounge to join in with something or to listen to the music people." Records showed people had joined in with activities such as, board games, reminiscence and visiting entertainment. On the day of the inspection people enjoyed a game of bingo. Visiting entertainment was also provided with people enjoying a local band and choir. The registered manager said they were trying to build relationships with the local school. The minutes of the residents meeting showed the registered manager had talked to people about starting a flexercise class. One person told us, "They are planning exercises to music soon, I am looking forward to that", although another person said, "Not sure about this exercise stuff think I'm too old for all that, I'll watch though."

Each person received a copy of the complaints policy when they moved into the home. One person said, "I would certainly complain if there was something to complain about. I would go direct to [the registered manager] and I know she would sort it out." The registered manager spoke with people on a daily basis and sought any feedback at the time and took action to address issues raised.

There was clear documentation to show a complaint or concern had been received and how it had been managed. Complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This showed the service listened to, acted on and learnt from any concerns raised.

Good

Is the service well-led?

Our findings

People were supported by a team that was well led. The registered manager was supported by a deputy manager, senior care workers and care workers. All staff told us there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis.

People and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "[The registered manager] is always here and easy to talk to, very friendly and listens." Another person said, "She is so nice, came and sat on my bed and we talked about how I felt and if there was anything she could do to help."

Everybody spoken with said they felt the service was well run. They all spoke highly of the way the service considered their needs before their own. One person said, "All the staff are very good. You always feel you come first and they are here for you."

The registered manager had a clear philosophy for the home. The statement of purpose said their aim was to, "Create a relaxed and happy atmosphere for people who value their privacy and independence, yet appreciate the benefits of companionship." We saw in care plans this philosophy was followed. One care plan said, "I like company and to be as independent as possible." Staff also said their aim was to ensure people were relaxed, happy and could be as independent as possible. This was observed throughout the inspection.

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Audits undertaken at the home were overseen by the provider to make sure where action to improve the service needed to be taken this happened within the specified timescales. The last audit highlighted that staff one to one supervision needed to be carried out and this work was underway.

Quality assurance visits had previously been carried out by a manager from another home in the organisation. However the registered manager explained how this had changed. Future quality assurance checks and visits would be carried out by a quality operations manager who would visit each home every two months. As well as these checks registered managers would continue to complete their regular audits to ensure the service provided care and support that was up to date and followed best practice.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. If a person was identified as having an increased risk of falling they were referred to the GP for assessment.

People were supported by a service in which the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff on a

daily basis or at staff meetings/supervision. The home also encouraged staff to obtain further qualifications, for example care workers had been supported to obtain their level two and three diploma in health and social care.

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out and people were very complimentary about the care they received. The registered manager confirmed they planned to introduce more user friendly formats so people who could not express their view in writing could still take part.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.