

Healthcare Homes (LSC) Limited

Ashley Court

Inspection report

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Poole
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Ashley Court was providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. Some of the people at the home were living with dementia. The home can accommodate a maximum of 60 people.

People's experience of using this service:

- There was no registered manager in post at the time of this inspection. The previous registered manager had left their post at the end of December 2018. Interim management arrangements had been put in place and a new manager had been recruited and was due to start on 23 April 2019.
- The recruitment of new staff was not always safe and robust.
- Improvements were required in relation to the training and competency assessments of staff in the management of medicines.
- Governance systems and oversight of the service were not sufficiently robust and had not identified the issues we found in relation to staff recruitment and medicines administration.
- People, staff and visitors had mixed views about whether there were sufficient numbers of staff on duty to support people appropriately.
- Some people may not have always had their privacy and dignity respected because their preferences for the gender of staff providing care could not always be met.
- People, visitors and staff spoke positively about the management of the home and the support they received.
- Ashley Court was furnished and decorated in a way that gave a homely feel to it. The home was clean and well maintained throughout.
- People were supported by staff who understood how to identify, and report abuse and how to whistle blow.
- Staff were experienced and well supported by the management of the home.
- People, and visitors were confident they could raise any concerns, and these would be addressed appropriately.

Rating at last inspection: At our last inspection in September 2017, the service was rated Good overall.

Why we inspected: We received information of concern and possible risk about the service, so the inspection was brought forward from the original planned date.

Enforcement: We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations relating to the, recruitment of staff and governance of the service. Please see the "Action we have told the provider to take" section at the end of this report.

We have made recommendations regarding the safe administration of medicines and a review of staffing levels.

Follow up: We have asked the registered provider to send us an action plan telling us what steps they will take to make the improvements that are needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided. We will return to re-inspect the service in line with our inspection timescales for requires improvement services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Ashley Court

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 an inspector on all three days and an assistant inspector on the first and second day.

Service and service type:

Ashely Court 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.

Ashley Court can accommodate up to 60 people in one purpose-built building.

There was no registered manager at the time of this inspection.

Notice of inspection:

The first day of this inspection took place on 18 March 2019 and was unannounced. The second and third days were announced and took place on 1 and 4 April 2019.

What we did:

We reviewed the information we had received about the service since our last inspection. We also contacted commissioners of the service from the local social services department and clinical commissioning group to obtain their views about the service. We used all of this information to help us plan the inspection.

We met and spoke with five of the people living in the home. Because a large proportion of the people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific

way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we also spoke six visitors, two regional operations staff, the acting manager and seven staff including nurses, carers, cooks and cleaners.

We looked around the home and observed care practices throughout the inspection. We reviewed and range of records including 10 care plans, three staff recruitment files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- The provider was following safe protocols for the receipt, storage and disposal of medicines. One person told us, "I have been very happy here, staff are good, satisfactory, give me my medication in time and feel involved in my care."
- A new member of staff had administered medicines without being trained in the systems at Ashley Court and their competency to do this had not been checked. They had not provided certificates of previous training in medicines administration and had declared an issue with medicines at their previous employment. This was highlighted on the second day of the inspection. The registered provider confirmed that training had been scheduled for 30 April 2019. This was more than two months after the start of their employment. The registered provider confirmed that a competency assessment would be completed before the person next worked in the home.
- Two other staff were administering medicines but there was no record that they had received appropriate refresher training within recommended annual timescale.
- Health care assistants administered prescribed skin creams to people. Thirty of the 39 health care assistants shown as employed in the home had not completed appropriate training and their competency had not been checked. The registered provider took immediate steps and confirmed that this would be addressed by 12/4/19.

We recommend that the registered provider ensures staff are appropriately trained and their competency assessed before they administer any medicines to people.

Staffing and recruitment

- The provider had policies and procedures in place to ensure that staff were safely recruited but these had not always been followed.
- The service had not sought a reference from the most recent health and social care employer for one person and had not verified the other references that had been obtained.
- Two people had not declared their complete employment history which meant that any potential unexplained gaps in their employment had not been checked.
- One person had declared a disciplinary issue with a previous employer. The issues declared had not been verified with the previous employer. The person had started work in the home without a risk assessment or any decision about whether the issue caused a risk to people living at Ashley Court.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 because people were not protected against the risks associated with the unsafe recruitment of staff.

- The registered provider used a tool to calculate the staffing levels required according to the needs of the people living in the home. Staffing rotas showed that the number of staff on duty corresponded with those suggested by the tool. However, people, their families and staff they provided examples of staffing levels not consistently meeting people's needs.
- All of the people and visitors that we spoke with, told us that staff were kind and caring and always busy, so did not always have time for a chat which was what many people wanted. A visitor told us, "There is not enough time for staff to approach [person] correctly and to encourage her to do something."
- Visitors told us staff were not always available to people sitting in communal areas without call bells.
- Five of the eight staff we spoke with told us that they felt the service was short staffed. They told us staffing levels meant some days were more challenging than others but acknowledged that some of this was about how well staff worked with one another. Comments included, "We don't always have enough time especially in the mornings. We don't always have time to give snacks other than a smoothie." And, "not really enough staff, four staff for 20 people.they need a lot of things, so we are rushing around answering." Another staff member said, "It's alright now, it's a really good team. All the people who work here have worked here for years and that means a lot for us. Sometimes we do not have enough staff."
- The registered provider told us there is a registered nurse on each floor in addition to the health care assistants and they took an active role in caring for people. However, some health care assistants told us that not all of the nurses helped out as needed.
- The registered provider told us that the staffing dependency tool identified correct staffing levels and the rotas reflected these levels. The provider believed that was a staff deployment issue and not shortage of staff.
- People did not always receive support from staff in accordance with their preferences. One person and two sets of visitors to the home told us that they were concerned that some ladies had received personal care from male carers when their preference was to have only female carers.
- Staff told us there were some occasions when ladies had to wait until late morning to get washed and dressed because they were waiting for female staff to be available.
- A visitor told us, "[person] is scared of men and can lash out. [person] prefers female carers but I see she often has two male carers."
- Analysis of the staff rota showed that there were a number of shifts both during the day and night where more than 50% of the care staff were male. The registered provider confirmed that when this was the case, all of the trained nurses were female, and they also provided personal care and support to anyone who required female carers.
- The registered provider stated that many of the health care assistants had been employed at Ashley Court for a long period which meant people knew them and accepted care from them. This was seen as a better option for people living in the home than using female agency staff who would not know and understand people and their needs.

We recommend that the registered provider reviews staffing levels and deployment in the home to ensure there are sufficient numbers of suitable staff to support people to stay safe and meet their needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- Staff told us they knew how to recognise abuse and to protect people from the risk of abuse.
- The provider had policies and procedures in place to guide staff and had reported abuse to local safeguarding teams when it was identified.
- Some staff had not completed refresher training but a plan was in place to address this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce potential risks to people. These included assessments of risks such as falls, choking, developing pressure sores and malnutrition.
- Risks to people from fire had been reduced: the service conducted regular drills to ensure staff and people knew what to do in the event of a fire. People had Personal Evacuation Plans (PEEP's) to ensure staff or emergency services understood how to help people to safety in an emergency.
- Staff understood their role in reducing risks and keeping people safe.
- One visitor told us, "[person] likes to smoke a pipe. The staff assist him with this to make sure he is safe and assist him outside. You think, have the staff got time? But they make time for it."
- The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises, equipment and utilities including fire equipment, call bells and hoists.

Preventing and controlling infection

- People and visitors told us the home was clean and well maintained.
- People were protected from the spread of infection because staff were trained and followed safe infection control procedures.
- The registered provider had identified that some staff required refresher training and had taken steps to address this.
- The kitchen had received a four star rating from the local environmental health department. A list of works to address minor shortfalls had been given to the provider who confirmed with us that these were being addressed.
- The work surface in a treatment room was badly damaged. This meant that it was not easily cleanable and could harbour bacteria. The registered provider immediately arranged for this to be replaced.

Learning lessons when things go wrong

- Accidents, incidents and near misses were recorded and analysed to understand what had happened, identify trends, and help prevent them happening again.
- Records showed that advice and guidance had been sought, and information shared, with relevant professionals following accidents or incidents.
- Staff understood their responsibilities to report such events and the processes to follow when doing so.

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

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

Staff support: induction, training, skills and experience

- People were supported by staff who received induction and ongoing training.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. The staff we spoke with were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- One person told us, "I try to get up every day. I need the hoist and two carers to assist me. They know how to use the hoist and have the skills to use it."
- New staff were closely supervised until they had completed induction training and were viewed as competent to work alone. Records did not clearly demonstrate this process. The registered provider agreed to address this.
- Staff had regular meetings in groups or on a one to one basis to discuss specific areas of practice. An annual appraisal was completed to assess their performance and any potential areas for development.
- Some registered nurses had completed specialist training in areas such as peg feeding, catheterisation, tissue viability, palliative care and verification of death. There was no overview of which staff had completed the different courses or when the validity of the training expired. This meant there was no information about the skills staff had or when they should refresh their training.
- Many of the people in the home were living with advanced and complex dementias. Analysis of the staff training matrix showed that all staff, including housekeeping and kitchen staff, had completed a three hour course in basic dementia awareness. A visitor told us, "Some staff have better dementia knowledge than others. The staff who know [person] know how to approach [person] correctly to get her to do something".
- In recognition that further staff training was required, the registered provider had introduced a three hour course in providing specialist dementia care and a three hour course for staff in managing distressed behaviours. Staff from all departments had the opportunity to complete these courses. At the time of the inspection 15 of the 68 staff employed had completed distressed behaviours training and five of the 68 staff had completed specialist dementia care training. The registered provider confirmed that more staff would be completing this training in the coming months.

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

- People, their families and health professionals had been involved in pre-admission assessments to ensure that information about people's health and care needs, lifestyle, spiritual and cultural choices were understood and planned for.
- Assessments were used to create care and support plans and inform decisions about risk management.
- People's care plans were personalised and reflected their needs and preferences. They were regularly reviewed and updated.

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

- People were supported to have enough to eat and drink and to maintain a well- balanced diet.
- Nutritional needs and any risks were assessed and recorded and staff, including catering staff, had a good knowledge and understanding of these as well as people's likes and dislikes.
- People told us they enjoyed the meals provided at Ashley Court. One person said, "I enjoy the food. I just eat what comes along, I like it." Another person told us, "The food is always nice here. Every 30 minutes we get something to eat or drink. I really like it. I am happy here."

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

- People were supported to access healthcare services when they needed this. People and their relatives told us this was done in a timely way and records confirmed this. This included support from GP's, speech and language therapists, opticians and chiropodists.
- Records showed that staff had sought advice and support from health professionals when issues arose to ensure that people's health and care needs were met and that instructions from healthcare professionals were carried out.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Staff were trained in the MCA and DoLS and described to us what they needed to do when people lacked capacity.
- Staff confirmed that they always sought people's consent before providing any care or support.
- Where people lacked the capacity to consent, care plans were in place and supported by mental capacity assessments and best interests decisions.
- Where people had made arrangements for others to make decisions on their behalf, these arrangements were checked and respected.

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

- Ashley Court is a purpose-built nursing home and had therefore been adapted to meet people's needs. This included through floor lifts to all areas, adapted bathrooms and wider doorways as well as additional signs to help them find their way around the home.
- Communal areas were spacious and outdoor spaces were fully accessible.
- People had choices about how they wished to furnish their bedrooms and could bring items with them to Ashley Court.
- Risks in relation to premises and equipment were identified, assessed and managed.

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

Good: 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 treated people with kindness and compassion: all of the interactions we observed were respectful and professional.
- Feedback from people and visitors indicated that staff were caring in their approach. Comments included, "I'm independent, there is always people around, so I feel safe. I like living here because it is better than living on your own. There is always someone to talk to." And "They are all very nice. Always there to chat. I can't fault them."
- Visitors told us they could visit at any time and were always made welcome.
- Care plans included information about people's life histories and what was important to them. Activities staff were aware of this and tried to incorporate this into activities programmes.
- Whilst the service did not serve a culturally diverse area, staff came from a range of backgrounds.
- Staff had completed training in equality and diversity to ensure that they understood current legislation and could support people with protected characteristics, such as being gay, if the need arose.

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

- People were involved in decisions affecting their care. Relatives and other visitors to the home also confirmed that, where necessary and appropriate, they were also involved in making decisions.
- When required, the home used local advocacy services to help support people to make decisions.
- Staff offered people choices, taking time to listen to their responses and helping with decisions where necessary.

Respecting and promoting people's privacy, dignity and independence.

- Staff knocked on people's doors before entering rooms, greeting people by their preferred name, and spoke discreetly with one another when discussing personal information.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

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

- People received support that was responsive to their needs and preferences. One visitor told us, "I am very happy with the care and support for [person]. [person] wouldn't choose to be in care but he is content, and the staff are lovely."
- Staff told us that people and relatives were involved in planning and reviewing their care plans. However, records did not always demonstrate this. The registered provider had already identified this through an audit of care plans and an action plan was in place.
- A visitor told us, "The people here really care about the residents, you can see they care and it's not for show."
- Some people, who were living with dementia, did not look well kempt: two people were wearing stained clothing, two people had dried food around their mouths and visitors reported that they had to remind staff to change people's clothes.
- Staff explained that people often declined help with personal care. Some staff told us that they continued to try to offer support at different times of the day or with different staff members. Records did not always demonstrate that this was the approach taken by all staff and instead mostly documented "refused". The registered provider agreed to address this.
- People had choice and control over how they spent their time. Planned activities were provided by two staff from Monday to Friday between 10am and 4pm. There were also some special events that took place outside of these hours such as Mother's Day and activities staff adjusted the weekly plan to incorporate this.
- Activities staff understood the importance of engaging and occupying people for their wellbeing. They, and the registered provider acknowledged that some staff may miss opportunities for this whilst carrying out care tasks and confirmed that this was being addressed.
- The registered provider had identified that people may wish to have opportunities for engagement and meaningful activity during evenings and weekends and was developing a plan to address this.
- During the inspection we saw people were engaged in either group or one to one activities including watching a visiting singer, interacting with a mother and toddler group and looking a family photograph album.
- Assessments, care plans and hospital transfer information identified people's communication needs. Staff provided the support people required, such as translating things into another language or ensuring people's hearing aids were working correctly.

Improving care quality in response to complaints or concerns

- People and visitors told us they knew how to make a complaint and were confident they would be listened to should such a situation arise. One person told us, "I've got nothing to complain about. No one is nasty here so that is good."
- Complaints had been dealt with promptly and within the timescales indicated in the policy. Actions had

been taken where necessary, and people had confirmed this was satisfactory. A visitor told us they had made one or two small complaints and said, "They have been very responsive."

End of life care and support

- At the time of the inspection there were no people receiving end of life care. Staff described the actions they take when it was recognised that a person was coming to the end of their life. This included liaising with local GP's to ensure appropriate medicines were prescribed and ensuring relatives and friends were kept informed.
- There was very little information in care plans about how people would like to be supported when they reach this point in their lives. The registered provider had already identified this as an area for improvement.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- There was no registered manager in post at the time of this inspection. The previous registered manager had left their post at the end of December 2018. Interim management arrangements had been put in place and a new manager had been recruited and was due to start on 23 April 2019.
- One visitor told us, "Staff know people well, there is a good standard of care and I have no concerns. I haven't noticed a drop in the care because there is no manager in post."
- Governance and quality management systems were not always reliable and effective: audits and checks were not sufficiently robust to have identified the shortfalls in medicine management, staffing and staff recruitment that were found during this inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider was receptive to our feedback throughout the inspection and responded quickly to issues that were raised.
- People, visitors and staff said there was a clear management structure and that the management team were approachable and supportive.
- The acting manager told us they had an open-door policy and encouraged people to come to them directly. Staff confirmed that they felt well supported by the management team.
- Statutory notifications, including about accidents, incidents and safeguarding concerns, were being sent to CQC as required.
- Information from accidents, incidents and complaints was analysed to ensure any learning could be identified and used to drive improvement in the service.

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

- The service had a positive, welcoming and inclusive culture. The atmosphere throughout the inspection was homely and friendly.
- People told us the home was well run and provided good care and support.
- The registered provider understood the requirements of the duty of candour and other legal responsibilities. This is their duty to be open and honest about any accident or incident that caused or placed a person at risk of harm

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

- People provided feedback on the care they received at regular meetings and through annual surveys. Staff views were also collected in the same way. Where issues were highlighted, action was taken and reported on at relevant meetings and posted on a noticeboard in the reception area.
- There were regular meetings for people and relatives and staff. Records showed that recent meetings with people and relatives had discussed topics which included catering, laundry and activities.
- Information about staff, activities and other events was displayed on noticeboards around the home.

Working in partnership with others

- Staff and other professionals reported that the service worked well with other organisations. We heard they had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.
- The service had links with local churches and nursery groups. Trips out to the local community were being planned with the arrival of spring and hoped for improved weather.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not fully effective. Audits and checks did not identify the shortfalls in medicine management, staffing and staff recruitment found during this inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected against the risks associated with the unsafe recruitment of staff.