Ashleigh Residential Home Limited

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Inspection report

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Date of inspection visit:
11 April 2017

Date of publication:
12 May 2017

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

Ashleigh Residential Care Home is a residential care home and provides care to 25 older people with a range of age related conditions including dementia. At the time of the inspection there were 22 people living there.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were kept safe by staff who knew how to mitigate risk and to provide safe care. They also knew how to respond should they suspect abuse. There was sufficient staff on duty to meet people's needs and wishes in a timely manner.

Medicines were stored and administered safely. Staff had clear information on medicines and were able to explain to people why they needed to take them.

Staff were trained to meet people's needs and care was delivered in a kindly manner. People's right were protected because staff knew and followed the requirements of the Mental Capacity Act. Where appropriate people's mental capacity was established and people where they lacked mental capacity to make safe decisions for themselves were protected. Deprivation of Liberty was used appropriately.

People's heath was promoted through good nutrition and people had access to health and social care professionals to ensure their ongoing mental and physical health.

People were cared for by staff who knew them and cared for them in a kind and compassionate manner. People dignity and independence was promoted and staff always got consent before they delivered care.

People's needs were assessed and care plans were drawn up; where possible this was done with the person or their relative or representative. Social needs were considered and people had the opportunity to partake in community activities such as outing to local beauty spots or in-house entertainment. Those people who were not able to partake in these activates had one to one time with staff.

There was a complaints system in place and the service had received many complements. Visitors were welcome to the service at a time to suit people they were visiting.

The service was well led. There was an established workforce and little staff turnover. The registered manager led by example, regularly delivering care to people, this enabled them to be aware of people's changing needs and staff's development. Systems were in place to review and where necessary improve the service. Accidents and incidents were monitored and where appropriate mitigation action taken.

Staff were positive about how they were managed and staffs' morale was good.

People found the registered manager easy to talk to said they were available should they be needed. No one

we spoke with had any concerns or worries about the service.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held in August 2015. Also before the inspection visit we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people using the service, two relatives, the provider who is also the registered manager, four care staff and one domestic staff.

We reviewed staff rotas and management records relating to incidents and accidents, training and staff recruitment information.

Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us the service was safe. One person said, "I never think of safety, so I suppose yes I feel very safe." Another said, "The girls keep us safe." A relative said, "[Relative] has been here for years and we never had to worry about their safety.

The provider continued to have processes in place to keep people safe. Staff were trained on this and they knew how to respond to any concerns relating to possible abuse. We saw information on how to contact the local authority safeguarding team was clearly displayed if anyone was concerned about people's safety or were concerned about any potential harm or abuse.

Staff followed people's comprehensive risk assessments. These were drawn up to mitigate risk to people and to assist staff to deliver safe care. Areas of risk assessment covered assisting people to move safely, maintaining skin integrity and ensuring good nutrition.

The risk assessments gave staff directions on how to reduce risk such as the use of hoists to ensure people's safety. Risk was managed in a manner that endeavoured to promote independence, this meant accidents and incidents were recorded and monitored so the risk was understood and where possible actions were taken to reduce this risk. For example ensuring people had safe footwear and the appropriate equipment to assist them to move safely such as walking frames.

We saw and people told us there was enough staff to respond to their needs. They said they did not have to wait too long for staff to assist them. One person said, "Well you can see there is always someone about." Another said, "Yes there are always staff about."

People were protected from unsafe or unsuited staff working in the service because the provider had systems in place to ensure staff were recruited safely. Staff records showed pre-employment checks were carried out before staff began working at the service. Proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS) took place. This meant people and relatives could be confident staff had been screened as to their suitability to care for vulnerable people.

We reviewed the systems in place in relation to the administration of medicines and found they were managed in a safe manner which met with current guidance. People received their medicines as prescribed and accurate records were maintained of the medicines when they were administered. There were protocols in place to instruct staff when and how to administer 'as required' medicines. 'As required' medicines are prescribed to be given when they are needed rather than at regular intervals. For example, for the relief of people's pain or anxiety. Medicines were stored safely.

Good

Is the service effective?

Our findings

The provider continued to have systems in place to ensure staff were trained to meet people's needs. Our observations, conversations with staff and people supported this. One person said, "I love it here I am well looked after." Another said, "The girls know me and what I like."

Staff told us they received appropriate training which gave them the skills and confidence to carry out their roles and responsibilities. Training was ongoing, a staff member said, "As well as the usual training we can go on any training." Another said, "There is training we have to do as well as they training we want to do. I last did all my mandatory training and we covered caring for people with diabetes. A review of records supported this.

Staff felt listened to and supported by the management team and were able to give examples such as the manager working alongside them regularly for support and guidance. Staff told us they received supervision on a regular basis. Supervision is recognised as a process to share success as well as identify areas for improvement and personal development.

Staff continued to work within the principles of the Mental Capacity Act 2005 (MCA) code of practice. They respected people's decisions and ensured they consented to the care provided where they were able to. When people did not have the capacity to consent, 'best interests' decisions were made on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager appropriately applied to the local authority for authorisation to deprive a person of their liberty when required to maintain their safety.

Through our observations and from talking with the registered manager we found the service to continue to meet the requirements of the DoLS. Staff confirmed they had received training in MCA and DoLS and recognised the importance of following the Acts. The manager showed us documentation which supported appropriate applications had been made to the supervisory body for independent assessment.

Lunch was a social occasion with people choosing where to sit. The lunch was a relaxed occasion with staff and people chatting and commenting positively on lunch. People were given an option on lunch and we saw this was respected. Where identified, people's nutrition was monitored. This included recording the amount of food and liquid taken. The paperwork was completed, however there was not any information on the optimum amounts to be taken. The registered manager resolved to address this as a matter of urgency.

People had access to health professionals when it was necessary. One person told us, "Yes I can see the GP whenever I like." We saw records to support referrals had been made to appropriate health care professionals when specialist advice was needed; for example, referrals to the speech and language therapist had been made.

Good

Is the service caring?

Our findings

People continued to be cared for by kind, caring and compassionate staff who knew their needs and wishes. The staff cared for people in a manner that promoted their dignity and independence.

One person said the staff were, "Best girls in the world." Another said, "They know I like been dressed nicely and they always make sure I am." A relative said, "You couldn't want for more, they are the best."

People told us staff always got their permission before starting care. One person said, "Even though I never want anything different they always ask. It's nice not to be taken for granted."

Staff ensured people were cared for in a calm relaxed manner. They created a calm relaxed atmosphere in the main lounge and dining rooms by smiling and chatting with people in an unhurried manner, giving people time to reflect on questions before expecting an answer. Staff had good communication skills and took time and care to ensure they knew people's wishes and needs. There was a relaxed relationship between staff and people.

Staff respected people's right to privacy and dignity by knocking on doors prior to entering and checking if everything was alright. When people were been assisted to move staff did this with respect and promoted people's dignity by ensuring they did not outpace them. We saw staff walked alongside people allowing them to set the pace. We saw staff encourage people to be independent in walking for as long as possible but were there with a walking aid as soon as people needed it.

Care had been taken to ensure people looked their best. The hairdresser was there on the day of our visit and we saw people took a pride in their appearance and staff encouraged this.

Good

Is the service responsive?

Our findings

People continued to have their needs recognised and met because the provider had involved them or their representatives in drawing up their care plans. We saw and relatives told us they were involved in care planning. The care plans were signed to indicate people's involvement. Care plans were personalised to identify and meet people's needs and wishes. Where possible care plans included photographs of people who were important to the person been care for and there was a personal history to assist staff to offer better care. Staff were also involved in care planning and said they felt their knowledge of people was used in care planning so people received the care they wanted and needed.

Care plans were reviewed on a regular basis and updated when necessary. They gave staff clear and precise directions on how to care for people and how they wanted their care delivered. For example '(person's name) can understand expressions and understands some words but can make decisions but must be given enough time.'

People were offered stimulation and we saw staff had time to spend with people. Some of this time was spent playing games such as dominos and card games. People told us they were regularly taken out into the community. Recent outings included visiting a local garden centre and Chatsworth House for coffee. They said they liked this. One person liked to shop and staff regularly took them in to the local town for a shopping trip they said they, "Loved.".

People were consulted on how the service was managed and run. This was done through meetings where people decided on outings and menu planning and how to spend special occasions such as Easter and Christmas.

The provider continued to listen to people through the complaints procedure. There were no outstanding complaints and relatives told us, "There is never a need to complain as a quiet word usually sorts everything out." We saw the service received many complements from families of people who had used the service.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager and one was 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.

The provider continued to ensure the service was managed in the best interests of people. The manager had an open and inclusive way of managing the service. People told us they knew the manager and saw them as very approachable and easy to talk to and available. We saw people, staff and visitors to the service chatted to them. Staff views were respected and their knowledge of people used in care planning.

The registered manager kept up to date on people's needs by completing at least two care shifts a week. This meant they could see people's needs first hand and see if their care plan was fit for purpose and up to date. By taking this approach to managing the service the registered manager was also able to monitor and direct staff on how they delivered care.

Staff told us they appreciated this and said if they were doing something wrong or could improve the registered manager discussed this with them. Staff told us they were well supported and this was evident in the good morale and the small turnover of staff.

There was a quality review system in place to evaluate all aspects of care delivery and to ensure the safety of people. Care plans and risk assessments were reviewed; fall and incidents were monitored and actions put in place to mitigate risk. Also there were systems in place to ensure the environment was safe.

The registered manager ensured the service was person centred and we saw people chose what outings they wanted and were part running aspects of the service such as menu planning. They were also aware of their responsibilities and ensured statutory notifications were sent to the Care Quality Commission when required. Statutory notifications are changes, events or incidents providers must tell us about.