

Ashville Care Limited

Ashville Court

Inspection report

58 Sandmoor Garth
Idle
Bradford
West Yorkshire
BD10 8PN

Tel: 01274613442

Date of inspection visit:
15 March 2023
17 March 2023
22 March 2023

Date of publication:
21 April 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ashville Court is a residential care home providing personal care to up to 29 people. The service provides support to older people living with dementia. At the time of our inspection there were 22 people using the service.

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

Improvements had been made since the last inspection which included completion of the refurbishment programme. One relative said, "The decoration is stunning in some of the lounge areas and visiting rooms and it's a comfortable place."

People received person centred care. People and their relatives were involved in planning and making decisions about their care. Staff understood how to manage any risks to people and knew the processes to manage any allegations of abuse. Care records provided detailed information about people's needs and preferences. People received their medicines when they needed them. The home was clean and well maintained. Safe infection control procedures were followed.

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.

There were enough staff to meet people's needs and staff worked well together as a team. Recruitment processes ensured staff were suitable to work in the care service. Staff were trained and said they felt well supported in their roles. They had the required skills to meet people's needs.

Staff were kind, caring and compassionate and treated people with respect. One relative said, "They [the staff] go out of their way to make people happy." Relatives and friends were happy with the visiting arrangements.

The service was well run. The provider and registered manager worked together to ensure improvements were made and sustained. The registered manager promoted good practice and worked alongside the staff supporting them and making sure the quality of care was maintained.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 August 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashville Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashville 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashville Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashville Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 March 2023 and ended on 22 March

2023. We visited the location's service on 15 March 2023. On 17 March 2023 we reviewed information remotely and spoke to staff on the phone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 3 people who used the service and 10 relatives about their experience of the care provided. We spoke with 4 staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included 3 people's care records and 5 people's medicine records. We looked at 2 staff recruitment files. A variety of records relating to the management of the service were reviewed

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Guidance for administering 'as required' medicines was detailed and person-centred.
- Staff administering medicines had completed medicine training and competency assessments. Stock medicines matched the balances recorded on the electronic monitoring system. Medicines were stored safely and securely.
- People received their medicines as prescribed. One person's medicines were given covertly (hidden in food or drink) and the appropriate documentation was in place to inform staff of how this should be administered.
- Medicines were regularly reviewed. For example, the registered manager identified a medicine was making a person sleepy during the day. This was reviewed with the GP and the administration time changed resulting in the person having improved sleep at night and being more active and alert during the day.

Systems and processes to safeguard people from the risk of abuse

- Safe systems were in place to protect people from the risk of abuse and harm.
- Staff had completed safeguarding training and knew the procedures to follow if abuse was suspected or had occurred.
- Records showed safeguarding incidents were reported and acted on appropriately to ensure people's safety.
- Relatives felt their family members were safe in the home. One relative said, "Yes [family member] feels safe. I can tell by their attitude. It's a calm environment and the doors are always locked. We can't just walk in and out so I feel confident [person] is safe".

Assessing risk, safety monitoring and management

- Risks to people were managed safely.
- Risk assessments were in place and regularly reviewed to ensure any changes were recorded.
- Staff understood the risks to people and knew how these should be managed. We saw staff managed well the risks posed to others when one person became distressed and agitated.
- The premises and equipment were well maintained. The home had been fully refurbished providing a comfortable and homely environment. Regular maintenance checks were carried out and safety certificates were in place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The provider had implemented a staffing tool which calculated staffing levels according to people's dependencies.
- Our observations showed staff were available and responsive to people. A staff presence was maintained in communal areas and staff regularly checked on people who chose to stay in their rooms.
- Staff felt the staffing levels were sufficient. One staff member said, "Yes, there's definitely enough staff. Many of us have been here for several years and we know people really well. We don't use agency and there's good team work."
- Robust recruitment processes were in place with all checks carried out before staff were employed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives and friends were able to visit people in accordance with current government guidance.
- Relatives we spoke with said they were happy with the visiting arrangements and could visit when they wanted.

Learning lessons when things go wrong

- Effective systems were in place to make improvements and share lessons learned when things went wrong.
- Accidents and incidents were recorded, investigated and analysed monthly. Trends and themes were identified and action was taken to mitigate risks and prevent a recurrence.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were well cared for and treated equally and fairly by staff
- Staff engaged warmly with people and were considerate and caring in their approach. We saw people smiling and laughing with staff. When people were distressed or emotional staff were quick to respond and provide comfort and reassurance. We saw one staff member approached a person with their lunch saying, "Hello [name of person]. It's so lovely to see you. Are you all right?" The person's face lit up and they held their arms out to the staff member pulling them in for a hug.
- Relatives were full of praise for the staff. Comments included; "I knew as soon as I walked in this was the place for [family member]. The staff are so friendly and kind. It just felt right"; "The care is excellent and the staff are all very kind" and "My [family member's] a loving person. Staff give them that love, so it's not just their medical and physical needs they look after. It's their wellbeing and they are happy and content."

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

- People were supported to express their views and were involved in decision making. We saw staff were skilled in finding out from people what they would like to eat or drink, where they wanted to be and how they wanted to spend their time. Staff then acted on people's wishes.
- Relatives said they were kept informed and involved in care discussions. One relative said "Communication is great [the registered manager] and all the staff keep us really well informed. We're fully involved and have a copy of the care plan."
- Comments from other relatives included; "We say what we feel should happen and it's listened to" and "We discussed how to care for [family member] when they were poorly and it happened."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained.
- People looked clean and comfortable and had been supported by staff to maintain their appearance. One relative said, "[Family member] is always clean and their nails and hair are nicely looked after."
- People were encouraged and supported to be as independent as possible. One relative said, "[Family member] has done absolutely amazing since they came here. Physically they have really improved." Another relative said, "Staff are helping [family member] to remain independent. [Person] showers themselves even though staff are with them. When [person] needs assistance staff help them but sometimes they can manage it themselves and that's okay too. They work with [person]."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made since the last inspection. The regulatory breach had been met and the service was well run with strong and effective leadership.
- The registered manager was actively involved in people's care, providing support and guidance to staff to ensure good standards of care were maintained.
- Staff were clear about their roles and understood their responsibilities. One staff member said, "I've been here 20 years. I love working here. [Registered manager] is good and we've got a great team."
- Relatives told us the home was well run and spoke positively about the registered manager. Comments included; "She's really approachable. I'd have no qualms about addressing issues with her. I've always found her to be very helpful" and "Very approachable and kind."
- The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) of significant events. The rating from the previous inspection report was displayed in the home.
- There were effective quality assurance systems in place which ensured any shortfalls were identified and actioned to drive improvement. This included regular audits, surveys and competency assessments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and staff promoted an open and inclusive culture which focussed on making life as good as possible for the people using the service. One relative told us when it's a person's birthday they have a king or queen day and the person gets to choose the food and entertainment they want. Plans were in place for one person, who loved steam trains, to see the The Flying Scotsman.
- People and relatives spoke positively about the care and support provided. One relative said, "I think the home has so many good points. I like the friendliness and how they deal with the residents. They take the time to get to know them. They don't use bank staff so it's not full of strangers and they don't have a large turnover. There's familiarity because it's a small place and they take time to involve family and keep us

updated."

- Relatives and staff said they would recommend the home to others. Comments included: "Would definitely recommend. I would come in here myself"; I would recommend them and have actually to others looking at care for their relative" and "I'd put myself here if I needed care."
- The duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open. Relatives said the registered manager was pro-active in responding to any concerns raised. One relative said, "On the odd occasion I've mentioned things, nothing major, just little things. The [registered manager] has always responded and sorted it."

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

- People, relatives and staff were involved in discussions about the running of the service and completed surveys; they were encouraged to share their views.
- Staff confirmed they attended regular meetings and were able to put forward ideas and suggestions.
- Since the last inspection satisfaction surveys had been sent out to people, relatives and staff. Feedback was generally positive. Where issues had been raised, there was evidence to show action had been taken to resolve these.

Working in partnership with others

- The home worked together with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed.
- Staff made referrals in a timely manner to enable people to access health and social services when needed.