Mrs Collette Willis

Ashlett Dale Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out an unannounced inspection of this home on 3 January 2018. The home is registered to provide accommodation and personal care for up to 16 older people, some of whom live with dementia. Accommodation is arranged over two floors with access to all areas by stairs and a stair lift. At the time of our inspection 16 people lived at the home.

The registered provider of this service was an individual, Mrs Collette Willis. They were not required to appoint a manager as a condition of their registration. This individual was the registered person with legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. This was the first inspection of this care home under this registered provider.

Risk assessments were in place to support staff in identifying and mitigating the risks associated with people's care; however some risks which had been identified were not clearly recorded.

Staff knew how to keep people safe and understood how to report any concerns they may have about the care people received.

There were sufficient staff deployed to meet people's needs and ensure their safety and welfare. Staff recruited to the home had been assessed as to their suitability to work with people.

Where people could not consent to their care, staff sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

People received nutritious food in line with their needs, likes and preferences.

People were cared for in a kind and sensitive way by staff who had a good understanding of their needs. People said staff were caring and supportive of their needs. Health and social care professionals said staff were caring.

Care plans were individualised, person centred and were mostly up to date. These were being reviewed and a new electronic system of records was being considered.

There was a system in place to allow people to express any concerns or complaints they may have, and people and staff had the opportunity to express their views on the quality and effectiveness of the service provided at the home.

The provider had an effective system of audits in the home to ensure the safety and welfare of people.

The provider promoted an open and honest culture for working which was fair and supportive to people

who lived and worked in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe although some areas of medicines and risk recording needed improving.

Medicines were managed in a safe and effective manner although some improvement was required in the recording of medicines which were administered as required for pain or anxiety.

Risk assessments were in place to support staff in identifying and mitigating the risks associated with people's care; however some risks which had been identified were not clearly recorded.

Staff knew how to keep people safe and had a good understanding of safeguarding policies and procedures.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

The home was clean and well maintained.

Is the service effective?

Good

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care, staff had followed appropriate guidance and legislation designed to protect people's rights and freedom.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences

Staff worked closely with health care professionals to ensure people received effective care in line with their needs.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and sensitive way by staff who had a good understanding of their needs. People said staff were caring and supportive of their needs. Health and social care professionals said staff were caring.

People were able to express their views and be actively involved in their care planning.

Is the service responsive?

Good

The service was responsive.

Care plans were individualised, person centred and were mostly up to date.

Ashlett Dale Care Home provided care for people at the end of their life although there were no people in the home receiving end of life care at the time of our inspection.

People were supported to participate in events and activities of their choice and told us they enjoyed these events.

A system was in place to allow people to express any concerns or complaints they may have.

Is the service well-led?

Good

The service was well led.

A system of audits in the home was being used effectively by the provider to review the safety and welfare of people in the home.

The provider promoted an open and honest culture for working which was fair and supportive to people who lived and worked in the home.

Ashlett Dale Rest Home

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 3 January 2018 and was unannounced. One inspector and an expert by experience completed 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.

Ashlett Dale Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Before our inspection we reviewed the information we held about the home, including previous reports and notifications of incidents the registered provider has sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We used the information the registered provider sent to us in the Provider Information Return.(PIR) A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived in the home and a relative. Some people who lived at Ashlett Dale Rest Home found it difficult to talk with us due to their health condition. We observed staff interacting and supporting people in communal areas of the home. We spoke with five members of staff, including; the registered provider [identified as the provider throughout this report], the deputy manager, the activities coordinator, a senior carer and two members of care staff. During and after our inspection we received feedback from three health and social care professionals about the care people received in the home.

We looked at care plans and associated records for four people and reviewed the medicines administration system in the home. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, four staff recruitment files

and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People felt they were safe in the home with staff who understood how to meet their needs. One person told us, "They know me well, I am safe here." A relative told us, "[Person] is very safe here, they all are. It's first class care and they [staff] all know the residents very well." Health care professionals felt people were safe in the home and were cared for by staff who knew them well.

People received their medicines from staff who had received appropriate training and medicines were stored safely. However, some improvement was required in the use of medicine administration records to ensure they accurately reflected the medicines people received. For medicines which were prescribed to be given as required (PRN), protocols were not always in place to support staff in the safe administration of these. For example, for people who required medicines to reduce anxiety, agitation or pain we saw staff did not always monitor the use and effectiveness of these medicines. We spoke with the provider about the consistent and effective use of PRN protocols and they told us this matter would be addressed.

Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs Act 1971 and which require special storage, recording and administration procedures. We checked these medicines in the home and found they were accurate. However, one person required a medicine to reduce anxiety and this medicine was stored and dispensed from a locked cupboard alongside CD's. This medicine could be given as PRN and there was no protocol in place for this. We checked the stock for this medicine and saw that two tablets were missing since the last audit of these records. The provider identified a member of staff had, on two separate occasions, administered this medicine without documenting it. Appropriate steps were taken to investigate this matter immediately to ensure the safety and welfare of people.

Care records showed one person received their medicines covertly. Covert medicines are those given in a disguised form, for example in food or drink, where a person is refusing treatment due to their mental health condition. Staff had ensured the person's family and health care professionals had been fully involved in a best interests' decision making process about the administration of these medicines. This was in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for; maintenance of skin integrity, moving and handling, falls and the use of equipment such as bed rails to reduce the risks of falling from bed.

However, the risks associated with some people's health conditions and medicines had not always been assessed. For example, one person lived with epilepsy and the risks associated with this condition had not been recorded although staff understood what these were and what actions they needed to take to support this person; information on actions to be taken to mitigate these risks was not available. Three other people received medicines which thin the blood. Whilst staff understood the risks associated with this medicine, care records did not always provide clear information on these risks and any actions they may need to take to mitigate these.

We spoke with the provider about the lack of information about some risks in care records. They acknowledged that, whilst staff had a good understanding of these risks, they had not been clearly documented and assessed. They told us these would be fully incorporated into the new format of care plans which were being introduced in the home.

Incidents and accidents were reported and recorded in people's care records and actions were taken to reduce the risk of recurrence of these events. For example, one person had been prone to falls at night when they tried to mobilise independently. Care records showed actions had been taken to reduce this risk using a pressure mat which alerted staff when this person got out of bed at night. Staff had monitored the effectiveness of this equipment which had been removed when it was no longer required.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place which provided information on how people should be supported to evacuate safely. A business continuity plan and home emergency evacuation plan were in place and were being updated by the provider at the time of our inspection to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

The home was clean and well maintained. Staff had received training on infection control and understood the need to use personal protective equipment such as gloves and aprons when supporting people with personal care and serving meals. Electrical, gas, and water checks were completed routinely in the home to ensure this equipment was safe to use. There were effective systems in place to identify maintenance issues in the home and how or when these were addressed.

People, their relatives and staff told us there was sufficient numbers of staff available in the home to meet people's needs. A member of staff said, "There are enough of us around and we are very flexible in supporting anyone [other staff] if they need to be off."

During our inspection there were sufficient numbers of staff deployed to support people and meet their needs safely. Staff had time to interact and support people in an unhurried and calm way. Rotas showed there were consistent numbers of staff deployed each day and although some external agency staff worked in the home, there were systems in place to ensure these staff were inducted to the home and worked alongside staff who knew people well. The provider told us, and records showed there was not a high turnover of staff in the home which helped to create a strong team spirit in the staff group.

There were safe and efficient methods of recruitment of staff. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable staff working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

People were protected from abuse, neglect or harassment and the service had policies and procedures in place concerning safeguarding and whistleblowing. Staff members described types of abuse and told us some signs and symptoms that may indicate someone has been abused. Members of staff were familiar with the process they would use to report any concerns including those of abuse and were aware that they could approach outside agencies with concerns if they needed to. A member of staff told us, "If I thought there were any concerns I would go straight to [provider]. I know they would deal with it promptly."

Good

Is the service effective?

Our findings

Staff supported people to maintain their independence and make choices in line with their needs and preferences. One person said, "It's okay, you can do what you like." Another person said, "I am a bit confused but they [staff] will always help me." Health care professionals said staff knew people well and supported people to live as independently as possible whilst promoting their safety.

Care records showed people's physical, mental health and social needs were holistically assessed to ensure the care they received was in line with their individual needs, although further work was needed to ensure the risks associated with this care were incorporated into these records. This was being addressed by the provider.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Staff had a good understanding of the processes required to ensure decisions were made in the best interests of people. Care records held clear information on how staff should support people to make decisions they were able to, such as selecting clothing, food choices and when to participate in activity. Decisions made in people's best interests were clearly recorded and showed who had been involved in these.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. Relevant applications had been submitted by the home and had either been approved or were awaiting assessment by the local authority.

People enjoyed a variety of meals in line with their likes, dislikes and preferences. One person told us, "We get very good meals, they do feed us well." Another said, "They always ask me what I would like. I like rice and curry and I always get that." People spoke positively of the choices of food they received. A relative told us, "The food is just what [person] likes, we have no complaints."

Care plans identified specific dietary needs, likes and preferences for people. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. All food was freshly prepared, and staff had a good understanding of people's preferences and specific dietary needs. They were aware of the importance of good nutrition and if they became concerned that a person had lost their appetite, was losing weight or had other difficulties around food and drink they told us they would ensure these concerns were acted upon.

The home was not purpose built but the provider had made extensive adaptations to provide an easily accessible environment for people. The provider told us of plans they had completed and others they had in place to improve the home environment. Newly refurbished rooms and communal areas gave people warm and welcoming environments in which to live. Plans were in place to refurbish some bedrooms and a bathroom area. One person told us, "Lots has been done here, my room is just right."

A program of supervision, induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. The provider had an induction programme which covered competencies set out in the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life. It gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were encouraged to develop their skills through the use of external qualifications such as nationally accredited diplomas and other qualifications.

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. People were able to access health and social care professionals as they needed them including GP's, community nurses and community mental health staff. Care records reflected these visits and actions were taken to follow advice given from these professionals. One professional told us, "They [staff] communicate well with us when we are needed."

Good

Is the service caring?

Our findings

People and their relatives told us staff were always kind and caring. One person told us, "The girls are very nice," and a relative said, "The staff are excellent, first class. We cannot speak highly enough of them, very caring." Health and social care professionals told us staff were caring and kind as they supported people. One member of staff said, "We are all one team here and provide good care for people." Another said, "People are very well looked after here; we [staff] are here for the residents to make sure they get the care they want and deserve."

People were supported in a kind and caring manner. There was a calm and inclusive atmosphere in the home, although communal areas were very open plan which meant it was difficult at times if people wanted to have a private conversation. However, staff told us people could access their rooms at any time if they wished to have privacy and we saw some people did do this. People and their relatives felt staff were respectful of their privacy and dignity. Staff were discreet when they had conversations with people about a personal issue. Before entering people's rooms we saw staff knocked and awaited a response before entering and staff were respectful and patient when they spoke with people.

Staff took time to allow people to express themselves and participate in their care and activities as they preferred. As people walked around the home staff interacted with them and encouraged them to remain independent whilst ensuring their safety. For example, for one person who became distressed and confused about the use of a key to get into their bedroom staff spoke calmly and gently with them to reassure them and address their concerns. For another person who did not always like to sit in a busy communal area staff supported them to enjoy a quieter area of the home.

Staff engaged with people in a warm and friendly manner and we saw people responded well to staff who knew them and understood how to meet their needs; for example, staff knew people's food preferences without referring to documentation and recognised how to support people with their mobility without reducing their independence. We observed some very kind and caring interactions between a staff member and people as they had a manicure or pedicure. Staff respected people's choices; one person enjoyed smoking and staff supported them to go to an area of the home for a cigarette when they requested this.

Staff understood the need for information about people to be stored confidentially and not shared unnecessarily. One member of staff told us, "We should not discuss anyone's care with other people." The provider was considering the use of computerised care records to improve the security and availability of clear and accurate records.

People and their relatives were able to express their views and be actively involved in making decisions about their care. A relative told us "Absolutely [we were involved in care planning], we are always aware of what is going on and how [person's] needs are changing. They keep us in the loop." Care plans for people showed staff involved people and their families with their care as much as possible.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs. We saw people were confident to approach staff and ask for their support. One relative told us, "I have seen my [relative] improve dramatically. There has been a great improvement in [their] wellbeing."

Care plans were individualised, person centred and were mostly up to date. The provider acknowledged the need for some care records to be reviewed and updated to provide clear information for staff to meet the needs of people with specific health needs such as diabetes and epilepsy. This work was on-going at the time of our inspection.

Care records held clear information on people's personal history, preferences, likes and dislikes and staff had a good understanding of these. For example, care records showed people had been asked to share their past experiences with staff including their five greatest accomplishments. One person was pleased they had been a lorry driver whilst another spoke of their love of cats and having family close to them. Staff recognised these accomplishments and wishes and encouraged people to talk about these.

An activities coordinator told us about activities and meaningful occupations in the home. On the day of our inspection the hairdresser was visiting and people could also have a manicure. This was a regular activity on a Wednesday each week. Each Monday afternoon, weather permitting, some people went out for a trip locally in a car. However there were no other set activities in the home. The activities coordinator told us they were guided each day by what people wanted to do and activities ranged from singing to puzzles and games such as bingo or reminiscence exercises. We saw a television, radio or music player was on most of the time to provide entertainment for people. On some occasions the activities coordinator told us they had people to visit the home and share their experiences with people. On the day of our inspection two people visited the home to talk about their hobby of scooter riding. People appeared to enjoy the interaction with these visitors.

People told us they enjoyed the activities they participated in at the home. People were able to interact with each other and at times there was banter between people which encouraged others to join in conversation. There were two reptiles kept as pets in the home and this was a source of interest for many people. "They are just lovely, one person told us, "Part of our home."

The provider had a policy in place which they followed to ensure people received information in a suitable format for them. Clear information was available in people's care records to identify any communication difficulties they may have, such as poor hearing, confusion or poor sight, and information was available to identify actions which may need to be taken to ensure people had access to information they needed. The provider displayed information about the home, including how to make complaints, in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand it and the home was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information they are given.

Ashlett Dale Care Home provided care for people at the end of their life although there were no people in the home receiving end of life care at the time of our inspection. We saw feedback from families of people who had passed away at the home thanking staff for the support and kindness they had been offered at this difficult time.

Information about the provider's complaint process was displayed for people in the home and in booklets given to each person. There had been one formal complaint in the home in the past year and we saw this had been dealt with in accordance with the provider's policy. The provider told us they encouraged people and their relatives to discuss any concerns they had with them directly so that they could be dealt with efficiently and effectively. A relative told us the provider and all staff were responsive to any matters they brought up and they were confident the provider would address any complaint they had effectively.

Good

Is the service well-led?

Our findings

The provider had a very good understanding of their role and responsibility in ensuring the safety and welfare of people who lived and worked at Ashlett Dale Rest Home. Staff said the provider was very approachable and keen to ensure everyone who lived and worked at the home was supported and happy.

The provider had policies, procedures and audit systems in place to ensure the safety and welfare of people. They were supported by senior staff to complete a program of audits. These included audits on medicines, care records, infection control, environment, equipment checks and fire safety. The provider was responsive to the findings of these audits and had implemented actions following these. For example, audits of care records had identified the need for improvements in the information and format of these and the provider was considering the implementation of electronic records at the time of our inspection. The provider had recognised in the PIR they submitted in August 2017 that they needed to "develop systems to fully investigate all incidents, to prevent future occurrences affecting the safety of the client." This was in progress at the time of our inspection.

The provider was clearly visible in the home and they communicated in an open and transparent way, encouraging others to do the same. This promoted an environment where people who lived in the home, their relatives and staff felt able to express any concerns they had and know they would be dealt with fairly and promptly.

The staffing structure in place at the home provided a strong support network for staff and people who lived at Ashlett Dale Care Home. Staff had a good understanding of their role in the home and the management structure which was present to support them. The provider and deputy manager provided senior leadership in the home and were supported by two senior carers to ensure the smooth running of the home. Staff told us they felt supported and valued through supervision and meetings which encouraged the sharing of information such as learning from incidents and new training and development opportunities. One member of staff said, "This a lovely place to work, we all support each other and really look after people well."

People, their relatives and staff were encouraged to feedback on the quality of the service provided at the home through a variety of means of communication. Regular meetings with people and their relatives were not regularly held with the provider as this had not proved effective in getting feedback from people. However, the provider felt confident people and their relatives were given opportunities to discuss any matters of concern they may have in the home when they visited and then actions were taken to address these. A relative we spoke with was confident the provider would address any comments or concerns they may have. The provider told us they were introducing a brief update newsletter to send to families with monthly invoices to ensure information was shared with them and encourage feedback.

Feedback had been sought from people and their relatives through the use of quality surveys. These showed people and their relatives were very happy with the care provided at the home.