

Ashmere Derbyshire Limited

# The King William Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service:

The King William Care Home is a residential care home providing personal and nursing care for 21 people at the time of the inspection, some of whom were living with dementia. The service can support up to 28 people in one adapted building with a lift to the first floor. There are several communal areas for people to use and an accessible outdoor space.

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

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.

People remained safe at the service and risks about their well-being were assessed, recorded and regularly reviewed. People told us that when they needed assistance, staff responded promptly. People were supported to take their medicines safely. Incidents and accidents were investigated, and actions taken to prevent reoccurrence. The premises were clean, and staff followed infection control procedures.

People's needs had been assessed, plans developed, and they received care and support from staff who had the skills and knowledge to demonstrate a full understanding of their care needs. People were provided with a nutritious and varied diet and were complimentary about the food and the choices offered. Recruitment procedures for appointing staff were thorough. Staff were safely recruited and received the training and support needed to undertake their role.

Staff always treated people with kindness and respect and were passionate about providing a quality person centred service. People said they felt involved and supported in their care. There was a friendly and welcoming atmosphere for people using the service and people gave positive comments about the staff and care provided.

Staff were responsive to people's individual needs and were seen to engage well. Activities and entertainment were organised on a regular basis which people said they enjoyed. People, visitors and staff views were listened to and action taken to improve the service for all.

The service was led by clear leadership who conducted quality assurance audits to monitor the running of the service. These systems were in place to continue to drive and improve the level of service. The registered manager was praised by people, their relatives and the staff for their positive and supportive approach. The management team and staff engaged well with other professionals to support the needs of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 16 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The King William Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The King William Care Home

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Notice of inspection

This inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place.

#### Inspection team

The inspection visit was carried out by one inspector over one day.

#### Service and service type

The King William Care 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and any improvements they

plan to make. We reviewed the information we already held, including notifications sent by the service. Notifications are changes, events and incidents the service must tell us about. This information helps support our inspection.

We sought and took account of any feedback from partner agencies involved with people's care. This included local authority care commissioners who contract with the provider and healthcare professionals. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and where people were unable to speak with us we observed interactions in the communal areas between them and staff. We also spoke with two visiting relatives about their experience of the care provided.

We spoke with eight members of staff, including the registered manager, deputy managers, senior care workers, care workers, activities co-ordinator, housekeeping and kitchen staff. We reviewed a range of records. This included parts of four people's care records and nine medication records. We reviewed complaints and safeguarding records; training records and staff files in relation to recruitment and supervision; a variety of policies and procedures including the providers checks for quality and safety and the service improvement plans.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from discrimination, abuse and neglect. One person told us, "If I had any concerns I would go to the staff. If needed, I could speak straight to the manager and she would sort it."
- Staff had a consistent approach to safeguarding, were aware of the policies and procedures in place and were able to tell us of actions they would take to protect people and report their concerns.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans identified when people were at risk of falls and had fallen and further measures were considered to reduce the risk. For example, falls sensors were provided and used to support staff to respond swiftly.
- People told us when staff used equipment to provide their care they felt supported. One person said, "I don't like using it, but they reassure me, and are confident supporting me with it." We saw that a risk assessment and guidance was in place, which clearly identified the needs of the person and staff actions.
- Staff had received fire safety training and could explain emergency procedures and their responsibilities. We saw each person had an evacuation plan to identify their specific individual needs if an emergency was to occur.
- A new auditing system was in place which alerted the registered manager to any outstanding actions from the previous audit. Health and safety and maintenance checks were completed at required intervals. This meant there was consistent recording in order to give a clear, accurate picture of safety at the service.

Using medicines safely

- We found medicines to be managed and stored safely. This included monitoring the temperature in the room and the fridge where these were stored. Medicine stock monitoring and disposal of excess medicine procedures were in place. When creams were in use, these were dated on opening and recorded when used. Staff told us they received training and had checks to ensure they managed medicines safely.
- Medication has been changed to patient packs in line with recommended best practice. Staff knew what action to take if they identified a medication error.
- We saw staff who were administering medication wear a tabard, to indicate they were not to be disturbed during the medicine round to reduce potential for error. We saw people were able to take their medication at their own pace, with a drink. Staff took time to explain what the medicines were for. Where people refused their medication, this was recorded appropriately.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff followed suitable procedures and wore aprons when assisting at mealtimes. Domestic staff were supported by a housekeeper to ensure the home was clean and checks completed to maintain standards.
- A programme of refurbishment for bathrooms and toilets was ongoing. People told us, "There were a lot of things needed doing, it's loads better now, and you can really see the changes."
- The home had a five-star rating from the food standards agency which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment to ensure hygiene standards were maintained.

#### Staffing and recruitment

- Our observations during the inspection indicated that people were quick to respond to people's needs.
- Staffing levels at the home were enough to meet the needs of each person. We saw the rota for the day of inspection and the previous week. The staff received high praise from people and relatives. One relative said, "I cannot fault the kindness and the care here – the staff are lovely and very patient."
- Staff had been recruited safely to ensure they were suitable to work with people. When agency staff were used checks were completed and an induction to the home was planned, along with a brief to the permanent staff so they knew which agency staff was expected.
- The registered manager told us that they planned the staffing numbers dependent around the needs of the people. They told us they reassessed the staffing levels according to people's requirements, or when new people are admitted.

#### Learning lessons when things go wrong

- There were processes in place for the reporting of any incidents or accidents. Staff knew how to report incidents and the registered manager used this information to help support learning and identify any themes.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the overall service for both people and staff.



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection in June 2018, we found the physical environment was not adapted or decorated to a consistent standard to meet people's needs. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the required improvements had been made and the provider was no longer in breach of regulation 15.
- Several bedrooms had been redecorated and carpets replaced. At our last inspection we identified odours and issues with the sluices. During the day of inspection, we found there were no odours present throughout the home. Both sluice rooms and the laundry had undergone extensive refurbishment, and these were no longer causing concern. Toilets and bathrooms were in the process of renovation and some were fully completed. Many areas had been decorated and had new carpeting, plans were in place for the remaining areas.
- People were happy with the changes in the environment and were able to personalise their own rooms as they wished.
- People had been involved in improving the garden area, some were growing vegetables and fruit. The registered manager told us they had further plans for a sensory garden with new furniture.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs had been assessed and agreed with them, or their representative, before they received care and were regularly reviewed. Everyone we spoke to was confident staff understood people's health needs and their related care. A relative told us that they were included in gathering information for the care

plan and were involved during the review.

- Staff received training in MCA and DoLS and had a good understanding of consent, the principles of decision making and deprivation of people's liberty. One staff told us "Although we know what [name] needs, it's important to always give choice." We saw DoLS applications had been made when required.
- The service had a new electronic system for recording care in place. The care plans we looked at had mental capacity assessments and best interest decisions where required.

Staff support: induction, training, skills and experience

- People and relatives all commented on the staff's professional, kind and caring manner. We saw examples of this throughout the day.
- The provider had introduced an electronic system for management of people's records. Staff who needed support to complete this were supported to do so. People and relatives had been informed of this change, as staff used hand held devices to record activities throughout the day.
- All the staff we spoke to felt they were well supported by management to develop knowledge and skills and were encouraged with their role development. The providers training spreadsheet showed a high rate of compliance for staff with the required training.

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

- People were supported to have a varied and nutritious diet based on their individual choices. One person said, "I'm always offered a choice, they know my likes and dislikes. I can have whatever I want even if it's not on the menu."
- People were able to access sufficient food and drink throughout the day. We observed that people enjoyed the food and saw snacks and home-made cakes being offered between meals.
- Staff assessed people's nutritional needs, their weights were monitored, and any specific dietary needs were supported. The electronic system supported staff in identifying those who may be at risk. When required, health professionals were referred to for guidance; for example, when people were at risk of choking.

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

- People told us they could access healthcare services when they needed to. Staff knew how to refer people to external services and told us they could request a GP visit at any time if required.
- Records showed referrals were made to a range of healthcare professionals to support people's changing health needs. One professional commented that staff at service had a, "Really good, person centred approach to working with clients."

# 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 the last inspection this key question was rated as Good. At this inspection 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 very positive about the support they received from the staff. One person told us, "I like living here, everyone is so kind." Another person said, "The staff are lovely people and you can talk to any of them if you have a problem."
- Relatives also spoke positively about staff, one of them told us, "They are friendly, happy and they speak to residents with dignity and respect, they have infinite patience and are very kind."
- We looked at how the service complied with the Equality Act 2010, and how they ensured people were protected from discrimination because of any characteristics protected under the legislation. Our observations during the inspection, demonstrated that staff understood the importance of equality and how they could meet people's individual needs.

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

- Some people could express their views and choose how and where they wanted to spend their day. There were organised activities for people to take part in, or they could choose to do another activity. A recent visit to the zoo was spoken about positively by several people. Planning was in place for a summer fayre.
- People's care plans showed their choices, preferences and communication needs for their care provision which the staff followed.
- People told us they were able to have input into their care plans, this was supported by a relative who told us they had been involved with their relative and staff in completing this.
- Another relative told us, the staff were very responsive to providing personalised care to their relative; they were kept involved and always made to feel welcome on their visits.
- Staff understood and recognised when people wanted support when making decisions about their care. People were supported to access advocacy services if required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who supported them with their care. We saw people being discreetly supported away from communal areas, to have their needs attended to.
- We saw numerous polite and friendly interactions between people and staff, demonstrating that they knew people well and had established effective relationships.
- The service continued to support people to maintain and develop their independence. Plans included reference to how to meet people's social needs. People were supported to maintain and develop relationships with those closest to them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were able to contribute to their assessment and support plans, one person told us how they had helped create their own plan. Relatives informed us that they had also been asked to help contribute information to help deliver person centred support.
- Staff received a handover of information about any changes affecting people when starting their shift. Information was input throughout the shift using hand held electronic devices. This meant that information was up to date to support people effectively.
- We saw people being supported by staff who had a good understanding of their care and support needs. Care plans were sufficiently detailed, giving members of staff and external professionals relevant up to date information for people who used the service. Information was reviewed and updated as people's needs changed.
- On the day of the inspection, the hairdresser was present, and people were looking forward to this as part of their routine.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in a range of formats and methods to support people with their understanding when making choices.

Improving care quality in response to complaints or concerns

- People told us they knew who to go to with a complaint. One person said they would, "Go to the manager as it would be dealt with quickly." This demonstrates confidence in the registered manager to address issues swiftly.
- One relative told us they were aware of the complaint's procedure but had not used it. They told us, "If there is ever a problem, the staff are 'on the ball' as soon as we mention it."
- The registered manager told us they took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns which had been raised with them and action they had taken in response.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager was passionate about how they were to develop this area and expressed the view, "It's the one thing we have to get right, because we don't get a second chance".
- Care planning demonstrated people were supported to explore their views and wishes in relation to their end of life care.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team completed a range of quality audits. Actions were identified and addressed to improve the quality of the service. The registered manager told us they were on site various days throughout the week completing their own quality monitoring.
- People told us that the service was well run, one person told us, "From the manager coming earlier this year, the improvements around the home are very noticeable."
- A relative told us they, "Had recently been asked if they could recommend a care home and straight away we recommended here."
- The registered manager and staff created a warm and friendly atmosphere which made those visiting have a pleasant experience.
- Staff told us they were happy working at the home and spoke about the satisfaction they gained from working in a positive environment.

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 management team understood their duty of candour, shared this with the wider team and all were aware of their responsibilities. Notifications about incidents were reported to CQC in a timely way in line with regulatory requirements.
- The provider had a clear vision to provide high quality care and shared this with all levels of the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was approachable, responsive and committed to driving improvements. New deputy management had been recruited to provide ongoing support and staff champions were being developed in various roles.
- There was a clear line of organisation; staff were clear what their individual and team responsibilities were.
- Many people told us that they thought the service was well led.

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

- People, relatives and staff were encouraged to contribute their views through surveys, or informally. This meant that people's voices could be heard, and any feedback considered.
- We saw that the registered manager was well respected and known by people and their relatives.

Continuous learning and improving care; Working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged.
- professionals we spoke to, told us staff were quick to respond to any concerns and follow up information was provided promptly.
- All staff we spoke to, were committed to improving the quality of the service for the benefit of those using it. Staff told us they were actively encouraged to develop areas of interest, along with their prescribed learning.
- The service worked with a range of professionals to best meet people's needs. Communications were recorded and shared as required.