

Ashmere Derbyshire Limited

# Smalley Hall 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

The inspection took place on 25 April 2018 and was unannounced. This was the first inspection of this service for the provider, Ashmere Derbyshire Limited.

Smalley Hall Care Home is a residential care home for 26 older people, some of whom are living with dementia. It 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. At the time of the inspection there were 18 people using the service.

There was a registered manager 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.

People felt safe living with the home and had developed respectful relationships with the staff who were kind and caring in their approach. Risks were identified and plans were in place to mitigate these. Staff recognised people's rights to take responsible risks and supported people's decisions.

There were enough staff to support people and staff were recruited to ensure that they were safe to work with people. People received the right medicines at the right time and medicines were handled and managed safely. Staff maintained safe infection control procedures and lessons were learnt when mistakes happened.

People's privacy and dignity were respected and they were supported to be as independent as possible. People were supported to maintain relationships with people that were important to them and visitors were welcomed at the home. People took part in activities that interested them in the home and when going out.

People's care was reviewed to ensure that it reflected how they wanted to be supported. People could raise any concerns or complaints; people were confident their concerns were acted on as the staff and registered manager were approachable listened to what they wanted to say.

Staff were provided with opportunities to develop the skills and knowledge to provide care for people and they knew people well. People had a choice of what to eat and drink and were happy with the choices available. People made everyday decisions about their care and staff helped them to understand the information they needed to make. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were systems in place to monitor the quality of the service and processes in place for people to

express their views and opinions about the service provided. The registered manager reviewed how the service was managed to raise standards and to drive improvement within the home. They understood the requirements of their registration with us and kept us informed of important events that happened at the service.

## 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 Good.

People were safe and protected from harm and abuse. Risks to individuals were assessed and these were reviewed regularly to keep people safe. There were enough staff to meet people's needs and they were recruited in a safe way. People's medicines were managed safely and infection control standards were maintained.

### Is the service effective?

Good ●

The service was Good.

People were able to make decisions about their care and where they needed support to make decisions, these were made in their best interests. Staff had the knowledge and skills they needed to support people. People enjoyed the food and their nutritional needs were met. People were supported to maintain good health.

### Is the service caring?

Good ●

The service was Good.

People were treated with kindness and compassion and their dignity and privacy were promoted and respected. People were encouraged to be independent and were enabled to make choices and have some control in their lives. Visitors were made to feel welcome.

### Is the service responsive?

Good ●

The service was Good.

People and their relatives were involved with the planning and reviewing of their care. People were supported to follow their interests and take part in activities. People knew how to raise any concerns and the provider acted on this.

### Is the service well-led?

Good ●

The service was Good.

Effective systems were in place to check the quality of the service and drive continuous improvement. There was a positive culture within the home and staff felt supported by the management team. People were encouraged to share their experiences of the service.

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# Smalley Hall Care 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 visit took place on the 25 April 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to send us a provider information return (PIR). This 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with eight people and also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with three people's relative to gain their feedback.

We spoke with the registered manager, the area manager, the deputy manager, the activity staff member and two care staff. We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, meeting minutes and health and safety checks.

## Is the service safe?

### Our findings

People felt safe within the service and the staff helped to protect them from harm. Staff had a good understanding of people's needs, including any risks and knew how to provide care and support to reduce potential harm. Where risks had been identified, steps had been taken to minimise these; for example, with how people were supported to move around the home. One person told us, "I feel safer here. I haven't fallen once since I've been here; the staff look after me well." People were supported to take responsible risks and the registered manager recognised people could continue to make decisions about the risks they took and how they wanted to spend their time. They told us, "We assess risk but we also respect people's decisions and choices; we don't want to place unnecessary restrictions on people."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to report any concerns and were confident these would be dealt with by the registered manager. Staff also knew that they could raise concerns directly with the local authorities safeguarding team. One member of staff told us, "The training was very good and covered the different forms of abuse. I'd contact the manager in the first instance if I was worried about anything and I know how important it is to write everything down." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People received help from staff to have their prescribed medicines when they needed these. We saw the staff explained to people what they were doing and gave people the time that they needed to take their medicines. Records were kept of medicines received into the home, given to people and disposed of. There were no gaps on the administration records and any reasons for people not having their medicines were recorded. Records showed that creams and ointments that had been prescribed were applied by staff. When people had patches applied, records were being kept to ensure that they were being applied to different parts of the body and that the old patch was removed. When people had been prescribed medicines to be given on an 'as required' basis, information was available so these medicines were given in a consistent way by the staff.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help, the staff were quick to respond. We observed that staff were available at the times people needed them, so they received care and support that met their needs. We saw that there were always staff in communal areas and they spoke with each other to arrange cover if they had needed to leave the room. The staff told us that the team worked together to ensure that vacancies or unplanned absences were covered in the team or from one of the homes managed by the same provider. The staff explained this ensured continuity of care for people.

People were satisfied with the standard of cleanliness in the home. We saw staff wore gloves and aprons where this was needed and hand washing facilities were available. Staff also wore hair nets when preparing food. An infection control audit was completed to monitor that standards were being maintained and staff understood why they measures were implemented.

Lessons were learnt where improvements were needed. The registered manager explained how further assessments were now completed when people wanted to move back into the home following an admission to hospital. They explained that from a previous experience they had identified that it was important that they could continue to meet people's needs and ensure people's safety when they returned. The registered manager felt that they should take opportunities to learn from daily events and consider how improvements could always be made. They told us, "Every day is a learning opportunity."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.



## Is the service effective?

### Our findings

People were supported by staff who had the skills and knowledge to support people. Staff received an induction into the service and training to develop a good understanding of each individual's care needs and the philosophy of the home. All staff completed the same induction and training irrespective of their role. One member of staff told us, "I think it's great that everyone does the same training. It doesn't matter if you are doing maintenance, cooking or care; we all need to know and how to help people and understand why things happen the way they do." Staff were knowledgeable about people they supported and knew how their needs should be met. New staff spent time shadowing a more experienced member of staff before they worked alone. This was to make sure they understood people's individual needs and how risks were managed.

People were supported effectively and in line with best practise and staff received the training and support to assist them to do their job. One member of staff explained they had received training to help them to understand the experiences of people with dementia. They told us, "This training covered the different forms of dementia and how people may process information. We also had blindfolds and gloves on and had to do a task, so we could try and see what it may feel like for someone with dementia. It was a really useful experience and something everybody should do to try and understand what it's like to have dementia." Staff were also given opportunity to reflect on any training and provided with the opportunity to speak with the registered manager on a development day. One member of staff told us, "These days are like a booster day so we can access any on line training we may need to do; get support from the manager or go through any notes. I find these really useful. Sometimes you need time to reflect on the training you have done." The staff received regular supervision and appraisals which supported staff to develop professionally.

People had regular access to healthcare services and staff were aware of any changes in people's health. One person told us, "The staff are very vigilant and never worry about calling out the doctor. If you aren't well, they are straight on the phone." Care plans showed that healthcare professionals had been involved in people's care when needed. For example, there was a record when people had visited the doctors or the opticians and what health intervention they had needed.

People were supported to maintain a healthy balanced diet and although people were asked during the day what they would like to eat for each meal, they were also asked when each meal was being served. One member of staff told us, "We use 'show and tell' at each meal. We show people two plated meals and ask them which one they would like. Some people forget what they've asked for, change their mind or see something different and want that meal. That's fine. We have enough so people can choose." When people were at risk nutritionally they were supported to have additional food or supplements and people had the option of having a softer diet due to risk of choking. The staff explained that where people needed a soft diet, the meal was presented to people before it was altered. One member of staff explained, "It's important that people see what they have to eat and that it looks the same as the food everyone else has been offered. We will then mash the food on the plate." People were able to have a drink at all times and one relative told us, "[Person who used the service] has a drink all the time because of their medication, they always have a dry mouth and that makes it difficult for them to speak. Staff are aware and they always make sure they

have a drink."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 were being met.

Where people were no longer able to make decisions about their safety and care; capacity assessments had been completed to identify where they needed help to make important decisions. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity, such as the support they needed to ensure their care needs were met. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example, people were asked before support was provided.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority. Where people had a DoLS which had been authorised and any conditions relating to the authorisation were recorded and had been met.

The environment was designed to meet people's needs. All shared facilities were on the ground floor and there was a main lounge, a conservatory and smaller seating areas. People were able to move about their home safely as there was sufficient communal space to enable people to pass or have room to use their wheelchair or walking aids.

## Is the service caring?

### Our findings

People were happy and liked to live in their home and told us that the staff were kind and caring and were always happy to help. One person told us, "The staff are wonderful here. They always have time for you and make sure I'm well. They care." Another person told us, "Of course my first choice would be to be at home but I know that's not possible. This is the next best thing and I'm very happy with the staff; they are now like my extended family."

People were encouraged to express their views and staff listened to their responses. People were given time to consider their options before making a decision and staff encouraged them to express their views and listened to their responses. Where people may not be able to make choices, staff spoke with relatives and friends to identify people's preferences and these were recorded in their care plans. For example, people's preferred bed and getting up times were recorded along with their likes and dislikes.

Dignity and privacy were upheld for people to ensure that their rights were respected. People were supported to remain independent and staff encouraged people to carry out their own personal care where possible. One person told us, "I like it this way as the staff help me to help myself and don't take over. I know it takes more time to let me wash myself but they never seem to mind." One relative told us, "The staff preserve people's dignity and always knock. One day they were going to do personal care in the room and I was asked to leave; I thought it was good that they did that, to protect their dignity." Staff ensured doors and curtains were closed when providing care and checked if the person would consent to care from a male member of staff.

People were supported to maintain relationships with family and friends and staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together. One relative explained how the staff ensured that when they visited they had a space where they could visit in private. We saw family and friends visited throughout the day and there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and each other, and with staff. Close friends and family members had a personal pass to enter the home during the day. The passes had a photograph of the visitor and one relative told us, "I like being able to use this to visit. This is [Person who used the service]'s home and we've also been close. We can visit whenever we want and don't have to stand outside waiting for staff. I always let them know I'm here, as that's only polite though."

Staff understood the importance of treating people with respect and did not discriminate based on people's protected characteristics. People were able to choose how to dress to express themselves. One member of staff told us, "It's important to people that they look their best and it makes a difference to how they feel about themselves." People were dressed in a style of their choosing. One relative told us, "It's sometimes the little things that count. [Person who used the service] know wears a neckerchief instead of having tissues around their neck. This looks so much better and is more dignified." People could have their bags and personal possessions near to them. We saw when people were supported to move, staff remembered to take their personal belongings with them and asked people where they could place these so they could reach them.

## Is the service responsive?

### Our findings

People were supported by staff who knew them well, understood their preferences and were responsive to people's changing needs. When people's care needs changed, the plans were reviewed with them and their families to ensure they reflected how people wanted to be supported. Information from each shift was handed over to staff to ensure that all staff were aware of any changes. At the front of each support plan, any new medical notes were recorded along with a note about any changes. One member of staff told us, "It helps having this here as it means you can easily see if anything is different."

People were involved in activities that interested them and people spoke about how they were involved with gardening, making food for the birds and completing craft activities. Singers and entertainers visited and a singer was booked on the day of our inspection. We saw people participated with the singing and dancing. One person told us, "They are a particular favourite of ours. They been a few times before and we like them." A minibus was available to use and trips were arranged to local places of interest. One person told us, "I enjoyed going to the Arboretum. It meant a lot to us to go there and remember." People had also visited the coast and a specialist cinema for people with dementia where older films were screened.

Events were organised in the home that encouraged family participation. One person told us, "It was good when we had our own 'Bake off' here. There were different cakes for us to try and it was a good event." Another person told us, "We had an open day this weekend and lots of people visited. It was a good day and nice to see so many people here." Organised activities were discussed with people at residents meetings to gain their views and help to plan future events.

People's religious and spiritual needs were considered and people were supported to go to their church. One member of staff told us, "Its important people have the opportunity to go to a church that means something to them. Not all churches are the same and for some people, it's about the people there as well as practicing their faith." This demonstrated to us that people's religious views were considered and catered for.

The provider had recognised that developments were needed to enable people to receive information in an accessible format. The provider's management team were currently reviewing this to ensure people had information about the service and their support in a suitable format.

People and their families knew how to make complaints and were confident that they would be listened to. Any complaint received was recorded and acted upon. One person told us, "I did have one complaint; the mattress was like lying on a board so they brought me a new mattress." The registered manager also recognised the importance of reviewing any complaint with the staff to help to maintain the standards within the home.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

## Is the service well-led?

### Our findings

There was a registered manager 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. People and their relatives knew the manager and found them approachable. We saw that the registered manager knew people well and could speak with them easily about their current wellbeing.

Ashmere Derbyshire Limited had an 'app' which could be downloaded on staff's smartphone or on a mobile device. This kept them informed of developments in the company, training and recruitment opportunities and any planned meetings. Information was also available in the office for staff who did not use this. One member of staff told us, "This works really well as we can see what is happening in each of the homes, if we have a staff meeting or if extra cover is needed and we want to pick up more shifts. It's also a way to speak with the provider. We can message him if we are bothered about anything or if we needed to report anything. I've not done this myself but I know from talking with others that he always gets back to you, which is really good." The staff confirmed they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. One member of staff told us, "We have a dedicated phone line for whistle blowing and can report anything anonymously. I'd like to think we wouldn't need to do it this way and could speak to managers, but if people felt uncomfortable doing this, it's good that this is available."

Staff felt that they were well supported and able to develop in their role and were given an opportunity to help with the development of the service. Team meetings and senior staff meetings were held and provided staff with an opportunity to raise any ideas or concerns or keep up to date with any developments. One member of staff told us, "On the last team meeting we talked about team working, the importance of keeping records up to date and if anyone can't attend the minutes are in the office so they don't miss out."

There were quality audits in place to measure the success of the service and to continue to develop it. These included checking equipment, reviewing whether call bells were responded to promptly and that interactions between people and staff were good. We saw that these were effective and if any concern was identified, there were plans in place to make improvements. Senior managers and the provider visited the service and carried out checks to ensure the service was managed effectively. One member of staff told us, "The managers don't tell you when they are coming. It's like a spot check to see everything is running well. They speak with everyone here and the staff and ask for records so they can see the necessary checks have been carried out and any review has been completed." Another member of staff told us, "The provider visits here every week and makes sure everything is alright. They speak with people who live here and the staff. They always tell us, we can speak to them at any time if we need to."

People were encouraged to share their experiences and give feedback to the provider and registered manager about the service. We saw that people and relatives had been sent surveys so they could give feedback to the provider. One relative told us, "I filled in a questionnaire about two weeks ago." The

registered manager explained that new surveys had been sent to people and would be reviewed when the responses had been received to help drive improvements within the service. The last survey was completed the previous year and the results were displayed on the notice board for people and visitors to read.

The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.