

Purelake Healthcare Limited

Ashley House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 May 2017 and was unannounced. The previous inspection was carried out in March 2016 and concerns relating to the management of medicines, the assessment and management of risk, potential environmental hazards, staff training and quality management were identified. At that time we asked the provider to send us an action plan about the changes they would make to improve the service. At this inspection we found that actions had been taken to implement these improvements. However, some areas required further improvements.

Ashley House is registered to provide personal care and accommodation for up to 17 people. There were 16 people using the service during our inspection; who were living with a range of health and support needs. Many people were living with different types and stages of dementia. Ashley House is a detached house situated in a residential area in Folkestone, with access to the town centre. There were 16 bedrooms, one being able to offer double occupancy. People's bedrooms were provided over three floors, with a passenger lift in-between. There were sitting and dining rooms on the ground floor and an enclosed garden to the rear.

The service had a registered manager, who was present throughout the inspection. 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 and associated Regulations about how the service is run.

The care and support needs of each person were different, and each person's care plan was personal to them. People had care plans, risk assessments and guidance in place to help staff to support them in an individual way. However, information and guidance contained within care records was not always the most recent.

A number of audits and checks were carried out each month by the registered manager or area manager, but they had not been effective in identifying the shortfalls in current information within care plans highlighted during our inspection.

There were enough staff on duty and they had received relevant training and supervision to help them carry out their roles effectively. Staff were observed putting their training into practice in a safe way. There was no use of a formal dependency tool to enable the registered manager to assure themselves that staffing levels remained adequate. Recruitment files contained all the required information about staff.

Staff knew how to keep people safe from abuse and neglect and the manager referred any incidents to the local safeguarding authority as appropriate. Incidents and accidents had been properly recorded and preventative actions taken. Fire safety had been addressed through training, drills and alarm testing. Maintenance had been carried out promptly when repairs were needed.

Medicines were managed safely. People received their medicines safely and when they needed them.

People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

Staff encouraged people to be involved and feel included. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. People's privacy and dignity was respected.

Staff treated people with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives.

Activities were offered to people; with a range of one to one and group activities to meet individual needs and preferences.

Complaints had been properly documented, and recorded whether complainants were satisfied with the responses given. People and relatives said they knew how to complain if necessary and that the registered manager was approachable.

People had a choice of meals, snacks and drinks, and could choose where they would like to eat. Staff encouraged people to eat their meals and gave assistance to those that required it.

Staff understood the principles of the Mental Capacity Act and knew how to support people who were not able to make their own decisions. People's rights were protected.

Staff reported that they were clear about their roles and felt well supported by the registered manager and the unit managers for each floor. Staff said there was good communication. Feedback was sought from people, relatives and professionals.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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.

Medicines were managed safely. People received their medicines safely and when they needed them.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There was sufficient staff on duty to meet people's needs. Appropriate checks were completed when employing new staff.

Is the service effective?

Good 

The service was effective.

Staff were supported and had the skills they required to provide the care people needed. They had one to one meetings to support them in their learning and development.

New staff received an induction and staff received training to enable them to support people effectively.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

Is the service caring?

Good 

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and their dignity was protected.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Is the service responsive?

The service was not always responsive.

People had individual care plans, although they did not always contain up to date information to guide staff.

People participated in activities that they enjoyed.

Staff had a good understanding of people's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

Quality assurance surveys, audits and checks were undertaken but they were not always effective in identifying shortfalls.

Events which affected people using the service had been appropriately reported to the Commission.

Staff were clear about their roles and responsibilities and felt well supported.

People and their visitors were provided with opportunity to share their views and concerns.

Requires Improvement 

Ashley House

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 18 May 2017 and was unannounced. The inspection 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.

Before the inspection we reviewed information we held about the service, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection visit we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We spoke with 10 of the people who lived at Ashley House. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We spoke with six people's relatives. We inspected the home, including the bathrooms and some people's bedrooms.

We spoke with five staff members and the registered manager. We reviewed a variety of documents. These included four care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

Is the service safe?

Our findings

People told us they felt very safe living at Ashley House and felt well looked after. One person said "The staff are lovely, just like family. They treat me very well and I'm very happy here." Staff knew people well enough so that they were able to respond quickly. A relative commented, "Mum is happy, safe and well looked after."

Our last inspection identified that medicines were not consistently managed safely, in line with current guidance and best practice. During this inspection we found that improvements had been made. There were policies and procedures in place for staff to follow. Medicines were stored securely and at the right temperature to ensure the quality of medicine people received. Appropriate arrangements were in place for ordering, recording, administering and disposing of other prescribed medicines. The records were up to date and showed all regular medicines administered had been signed for. Medicines administration records (MAR) charts contained photos to help staff ensure the right people received their medicines. Where people were prescribed medicines on a 'when required' basis, for example, to manage constipation, pain or skin conditions, there was guidance in place for staff on the circumstances in which these medicines were to be used safely.

Medicine audits were carried out by the registered manager or senior care worker; we saw clear records of the checks that had taken place. Medicines that were not part of the pre-packaged medicine dosage system were dated on opening, in line with current good practice. Competency checks were completed for staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

There were policy and procedures in place for safeguarding adults from harm and abuse, along with the Kent and Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance; this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training about safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Our last inspection identified that some risks to people had not been assessed. During this inspection we found that risks to people had been identified and assessed. There was guidance in place for staff to follow, about the action they needed to take to make sure that risk was minimised and people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

Recruitment files showed that the required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

There were sufficient staff to meet people's needs. People told us that they did not wait long when they needed help and we observed that staff attended people's needs efficiently throughout the inspection. Rotas' showed that staffing had been consistent in the weeks prior to our inspection. The registered manager explained that staffing levels were based on people's care needs and considered, for example whether people needed the support of two staff.

The premises were clean and well maintained. During our last inspection we found that some areas did not meet appropriate standards. We saw that since our last inspection redecoration had taken place and carpets replaced. The registered manager confirmed there was an on going plan for redecoration in place. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Infection Control and Health and Safety audits were completed by management. Fire risks had been assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation. A 'grab file' with relevant details and an emergency plan were located in the hallway, in case of an emergency. Staff had fire safety training and could describe the way in which people would be helped. These checks enabled people to live in a safe and suitably maintained environment.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident; to reduce the risk of further occurrences. We observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.

Is the service effective?

Our findings

People's relatives told us that they received good care. They said that the staff knew their relatives well and gave them the care and support that they needed. A visitor commented, "The staff here are lovely. We couldn't fault them at all. Whenever we come, they offer us tea, coffee and food if we are here a long time." Staff worked well together because they communicated and shared information. Staff handovers made sure that they were kept up to date with any changes in people's needs.

At the last inspection we reported that staff had not received training essential for their roles. At this inspection the majority of staff had received the training they needed to carry out their jobs effectively. The registered manager told us there was an on going programme in place for staff to complete training, we saw that some staff were booked to complete training in the few days and weeks after the inspection. Staff completed an induction to get to know people, their preferences and routines. Staff had either completed or were working towards recognised adult social care vocational qualifications. Training was arranged to support staff to meet people's specific needs, including taking people's vital observations and administering specific medicines. Staff took people's observations when they felt they were unwell and shared the information with health care professionals to help them make prompt decisions about the treatment people needed.

Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received one to one supervisions with the registered manager, to discuss their practice and annual appraisals were planned to take place. The registered manager explained that they intended to complete observational supervisions prior to completing annual performance reviews.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. Throughout the inspection we observed people being supported and encouraged to make choices about all areas of their lives, including what they had to eat and drink, where they spent their time and who with.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

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.

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 are 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 were being met. People were offered information, in a way they could understand, to help them make decisions.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. People went out with staff, friends and family.

Staff supported people to maintain good health. People told us staff contacted their GP when they felt unwell. People were supported to see health professionals and attend health care appointments. A visiting professional told us, "The staff here are very caring, very kind. There's always a lovely atmosphere when I come here. It's quite a unique atmosphere. It's just like being at home. The residents always seem very happy and well cared for." People had regular health care checks including eye tests and visits from district nurses as necessary.

People told us they liked the food at the service. Staff knew about their likes and dislikes and how much they liked to eat and drink; meals and drinks were prepared to people's preferences. People had been involved in planning the menus and had a choice at each meal. If they wanted something that was not on the menu staff prepared it for them. People were offered a choice of drinks and snacks throughout the day. Catering staff planned menus to meet people's dietary needs, including for people who were diabetic. People who were at risk of losing weight were offered food fortified with extra calories.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. One person told us, "The staff are lovely, just like family. They treat me very well and I'm very happy here." Relatives visiting one person commented, "They've been so good, the staff, they treat us and our X as family. They make you feel so welcome. They look after X" so well. We couldn't be happier with the support and kindness that we get from here". Staff knew about people's backgrounds, their preferences and their likes and dislikes.

We observed the interactions between staff and people throughout the days of our inspection. There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company. Light-hearted conversations took place and there was a relaxed and friendly atmosphere. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. We observed warm and kind exchanges. Staff were discrete and spoke to people quietly in communal areas to remind them to use the toilet, which meant people's dignity was protected. Staff talked about and treated people in a respectful manner and supported people in a way that they preferred. A visiting professional told us, "It's so friendly here, one of the nicest care homes I visit. I cannot fault this home, the staff are lovely and treat the residents as if they were family members."

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. People who needed support to make specific choices were supported by their families, solicitor or their care manager. Others who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and advocacy services. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People were encouraged to be as independent as possible. Staff explained how they supported people to wash their own hands and face, for example, and to choose their clothing. People, who needed it, were given support with washing and dressing. We observed staff encouraging people to remain independent by encouraging them to eat independently or with minimal support. When people had to attend health care appointments, they were supported by family or staff that knew them well.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were moving freely around the home, moving between their own private space and communal areas at ease. Relatives told us that they could visit or call at any time and were always made

very welcome, they told us that they were kept up to date with their relatives care.

People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

When people were considering moving into the service, they and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Visiting family members told us "The staff here discussed everything with us before we came here and they always tell us everything when we come in. There is very good contact." Another relative commented, "The manager phones immediately if dad is not well. They always chat to me about what dad has been doing/how he is. I come in every day. If this was not an excellent home, I would move my dad immediately. I know that I can speak to the staff and manager about anything and it would be dealt with. I'm very confident of that."

Care plans had been written in a person-centred way and documented people's likes and dislikes along with information about their care needs. However, information in care plans, although reviewed did not consistently contain current information and guidance, which could place people at risk of receiving inappropriate care and treatment. For example; one person's care plan stated that they should be weighed weekly but for the previous six months they had been weighed monthly. Another record stated that they like to sit in the dining room with visitors, however, they are no longer able to move from their bed. A diabetes care plan stated 'staff to check blood sugars if concerned that any symptoms are presenting.' Their end of life care plan contradicted this by stating that the District Nurse had advised staff not to check blood sugar levels.

The failure to maintain accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Within people's care plans were some life histories, guidance on communication and personal risk assessments. Care plans contained a small amount of information about people's wishes and preferences and guidance on people's likes and dislikes. This did not impact on people as staff knew people and their care preferences very well. Staff prompted and encouraged people to do what they were able for themselves and helped them to do other things. People had review meetings to discuss their care and support; care managers, family and staff were invited to attend. The registered manager agreed that further input was needed to make people's care plans more detailed and personalised. This is an area for improvement.

The activities coordinator had recently retired and a member of care staff had taken over the role. During the morning, staff chatted constantly with the residents. They were looking through magazines with residents, looking at and talking about gardens, household goods and fashions. Staff chatted to residents about their past. Staff told us that they had taken two residents to the Salvation Army for coffee and a chat. One person, they told us, had been in the Salvation Army and had their uniform hanging in the wardrobe. Staff told us that taking the residents out was something new; they had not really done that before but that it had been a very positive experience and they were planning to do much more of it in the future. A member of staff spent time plaiting a person's hair; they told us that they loved to have their hair plaited. Throughout the day staff

played board games with people.

The day before our visit, people and staff told us that they had been planting a new raised bed with plants and herbs that had a strong smell. The garden was enclosed and well maintained. Staff told us that they loved to decorate the lounge for peoples' birthdays with banners and balloons and making a real party atmosphere. They explained that one person really liked the Beatles, so they had organized someone to come in to play/sing Beatles songs for their birthday. There was no photographic evidence of any parties that may have been held in the past but the visiting relative confirmed that they do make a very special effort for birthdays and special occasions like Easter and Christmas. A staff member told us that they had just bought large photo frames so that they could start to put photos in and hang them on the walls.

There were lots of DVDs and people told us that they liked to watch films. Most of the DVDs were old musicals, old films and documentaries such as 'The Queen Mother'. People told us they often watched a movie at the weekend with popcorn and ice creams. A visitor told us that an entertainer visits once a fortnight, which they enjoy very much. The maintenance man told us that one person used to do maintenance and enjoyed 'helping and advising' him during the day. Other regular activities included; bingo, arts and crafts, baking, reminiscence sessions and pampering. A display board had recently been purchased which would mean upcoming activities could be displayed in a way people could understand. However, the registered manager felt it was too small when it arrived so was identifying something more suitable.

Relatives and friends were encouraged to visit and participate in activities, for example a Summer garden party had recently been held in the garden, entertainment with external entertainers had been organised and from photos we were shown, was well supported. People told us how much they had enjoyed their afternoon. Photos were displayed of other activities, such as a recent trip to a seaside town for fish and chips. Some people also chose to attend a local day centre once or twice during the week. People were offered a daily newspaper.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes showed that discussions around activities and menus had taken place.

People and their relatives told us that they knew how to make a complaint; but those we spoke with said they had not had cause to do so. There was a complaints protocol on display which gave directions for how the process worked. People and their relatives told us they could raise any 'niggles' One relative told us, "I have never had a need to complain, but I would happily mention anything both to the staff and or Manager. I can wholeheartedly say that this is an excellent home and I cannot fault the staff/manager. They do a very difficult job, and they do it very well."

Is the service well-led?

Our findings

The service had a registered manager who was supported by senior care workers and a team of care workers along with ancillary staff. Staff felt that they were well supported. Staff told us that the registered manager was very 'hands on', kind and caring and looked after people and staff. Staff told us that the registered manager was very supportive and they could go to them to talk to about anything. Staff told us that they listened if they had suggestions and always tried to improve the home. Relatives told us that they found the registered manager very approachable and felt very comfortable talking to them, "[Registered manager] is lovely, very kind, and has the best interests of people at heart" and "[Registered manager] is always around and treats both my loved one and me like family."

Systems were in place to measure the quality and safety of the service; however they were not always robust. Regular audits and reviews were carried out to identify any shortfalls in areas such as health and safety and care records. However, not all had been effective in recognising shortfalls. Reviews of individuals care records had been carried out but had failed to identify the shortfalls in current information and guidance being available. This is an area that requires improvement.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The registered manager demonstrated a good knowledge of people's needs and led by example. They checked staff were providing care to these standards by working alongside them and observing their practice. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection.

There was a positive and open culture between people, staff and management. Through our observations it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

Systems were in place for quality monitoring checks. Recent quality assurance surveys from relatives and professionals were in the process of being collated and analysed by senior management, we were told they would then share this with the team so that any required actions could be taken. Staff also had the opportunity to feed back their views during team and one to one meetings.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to maintain accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.