Ashley House Care Limited

Ashley House

Inspection report

Ashley House Care Limited
Ashley House
Upper Moulsham Street
Chelmsford
Essex
CM2 9AQ
Tel: 01245 494674

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Ratings

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

Overall summary

Ashley House is registered to provide accommodation and personal care for up to 22 people. The provider is not registered to provide nursing care. The home is an older-style domestic two-storey building that offers both single and shared rooms. Access to the first floor is by means of a passenger lift or stairs. At the time of our inspection there were 18 people living at the home.

This comprehensive inspection took place on 17 November 2015 and was unannounced. The last inspection was carried out on 19 June 2014 when the provider was meeting the requirements of the regulations that were assessed.

A registered manager was in post at the time of the inspection and they had been registered for nine years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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 were safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people who lived at the home. People were supported to take their medicines as prescribed and medicines were safely managed. However, the method of wedging fire doors open and the lack of people's personal evacuation plans placed people at risk of harm in the event of an outbreak of a fire.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People were looked after by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of our visit people who lived at the home had mental capacity to make decisions about their support and care. The provider was aware of the procedure to follow should DoLS applications need to be made.

People were treated by respectful staff who encouraged and enabled people to maintain their independence.

People's needs were met and their care records were kept up-to-date. There was a process in place so that people's concerns and complaints would be listened to and acted on.

The registered manager was supported by a senior management team and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were enabled to make suggestions about the running of the home. Quality monitoring procedures were in place and action had been taken where improvements were identified.

We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Staff were not making sure people were kept safe from the risk of harm in the event of a fire breaking out.

People were given their medicines as prescribed. There were systems in place to ensure that medicines were stored safely and recorded correctly.

Staff were aware of their roles and responsibilities in reducing the risk of harm to people.

Recruitment procedures and numbers of staff made sure that people's health and safety needs were met by enough suitable staff.

Requires improvement

Is the service effective?
The service was effective.

People were looked after by staff who were trained and supported to do their job.

People's rights in making decisions were respected

People's health, nutritional and hydration needs were met.

Good

Is the service caring?
The service was caring.

People were looked after in a caring way and their rights to privacy and dignity were valued.

People were supported to maintain contact with their relatives.

People were informally involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People were consulted on a day-to-day basis in relation to their needs. People's individual needs were met.

The provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which enabled people to raise concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Management procedures were in place to monitor and review the safety and quality of people's care and support.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

There was an open culture operating in the home with links to the local community.

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 was carried out on 17 November 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we received information from two social workers and we looked at all of the information that we had about the home. This included information from any notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with five people and two relatives. We also spoke with the registered manager, a representative of the registered owner (the Nominated Individual or NI), the cook, a senior member of care staff and a member of care staff. We looked at three people's care records, 10 people's medicines records and records in relation to the management of staff and the home. We observed people's care to assist us in our understanding of the quality of care people received.

Requires improvement

Is the service safe?

Our findings

We found that fire doors in corridors and to the lounge area were held open by means of wooden wedges. We were able to remove the wooden wedges by hand only as it was not possible to kick these away. Therefore staff would not be able to kick these wooden wedges away for the fire doors to close to contain an outbreak of a fire. In addition, we found that there were no personal evacuation plans in place to tell us how staff were to close these doors and to keep people safe.

The NI and registered manager confirmed that doors should not have been held open by this unsafe practice.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe because the staff treated them well. A person said, "I like it here. It's friendly. There are nice people around and the place is safe." Another person said, "They [staff] treat me very well. Everyone is very nice."

Staff were trained and knowledgeable in recognising and reporting any incidents of harm that people may experience. The senior member of care staff also told us how they would recognise the signs of a person being harmed. They said, "There could be a change in the person's behaviour. They may become withdrawn or become aggressive and act out of character. The harm could affect their sleep pattern."

People's potential risks were assessed and measures were in place to minimise the risks. A person, who was at risk of falling, said, "I feel safe here because when I was at home I fell. They [staff] walk with me when I need to go to the toilet." The member of care staff demonstrated their knowledge in supporting people to minimise their risk of falls. They said, "Risk assessments are in people's care plans. These include risk of people using a wheelchair or risk of falling. You may need to walk beside them [the person] or use a hoist." We saw that people were provided with equipment to minimise any risks. This included moving and handling equipment and pressure relieving cushions to minimise the risk of pressure ulcers developing. We saw members of care staff support people with their moving and handling needs by means of a hoist and this was carried out in a safe way. We also saw that people had their walking frames within their reach so they had easy access to these without overreaching and risking a fall.

The registered manager advised us that a low number of accidents and incidents had occurred and records confirmed this was the case.

People and members of care staff said that there were always sufficient numbers of staff to meet people's needs. We saw that people were looked after in an unhurried way by enough staff; this included being supported to take their medication and support with their food and drink. In addition, we saw that there were sufficient numbers of staff to enable people to take part in a morning quiz.

Measures were taken to cover unplanned absences of staff. The senior member of care staff said, "We do have enough staff. We cover each other's shifts. We work very much as a team." The NI told us that the numbers of staff were assessed according to people's needs. Additional cover would be provided by permanent staff in the event of a person requiring more care due to a change in their needs, which included end-of-life care.

People were protected from the risk of unsuitable staff because of the recruitment systems in place. The member of care staff described their experience of applying for their job: this included attending a face-to-face interview, and the required checks they were subjected to before they were employed to work in the home. Recruitment files demonstrated that the provider had obtained all the required checks before staff were employed to work at the home.

People were satisfied with how they were supported to take their prescribed medicines. A person said, "I have my medicines regularly." Records for people's medicines demonstrated that people had received their medicines as prescribed and the security of people's medicines was satisfactory. However, the NI, registered manager and senior member of care staff told us that temperatures of where medicines were held in an office were not monitored. We checked the air temperature of the office and found that this was satisfactory. Storing medicines at temperatures not recommended by the manufacturers poses a risk to the effectiveness of the medicines.

Members of staff told us that they had attended training in the safe management of people's medicines and had their

Requires improvement

Is the service safe?

competencies checked. Staff training and supervision records confirmed this was the case. This showed us that people were given their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People were satisfied that staff were competent to be able to look after them. Thank you cards demonstrated that relatives were very satisfied with how staff were able to support their family members' needs, which included end-of-life care needs.

Members of staff said that they had attended training, which included induction and refresher training. The member of care staff said, "When I first started I had some one [experienced staff member] with me until they [management] thought I was fine." They also told us that they felt very supported and attended supervision sessions during which their health, welfare, work-related matters and training needs were discussed. They said, "I am asked if I am happy and if you want to do any courses." Records demonstrated that staff had attended training in a range of topics, which included dementia, diabetes, moving and handling, safeguarding people at risk and the application of Mental Capacity Act 2005 (MCA) and DoLS.

The 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. At the time of our visit the registered manager advised us that all the people who lived at the home had mental capacity. Assessments of people's mental capacity, which were carried out by health and social care professionals, confirmed this was the case.

We saw that people's rights to freedom were respected. People were free to come and go and there were no restrictive monitoring systems in place to constantly supervise people, such as alarmed mats. Members of staff were trained and knowledgeable in the application of the MCA. The Team Leader said, "Mental capacity is a person's ability to make decisions regarding their life, such as taking medicines, their diet and even down to their personal care. When I am giving people their medication I will explain what it is for." We saw that the senior member of care staff told people what their medicines were for before the person agreed to take them.

Before the inspection a social worker told us that people had "a well-balanced hot meal and dessert" for their lunches. People said that they had enough to eat and drink and that there were menu options to choose from. One person said, "I enjoy everything that I eat. If you don't like what is on the menu you can ask for something you do like." Another person said, "They [staff] do ask you what you want (to eat)." We saw that people were offered cold and hot drinks. Records demonstrated that staff encouraged people to eat and drink throughout each day.

When people needed help to eat and drink, members of care staff supported them with this. We also saw that people were encouraged and prompted to eat their food and there were choices available. The cook told us that they asked people what they liked for their lunch and offered people choices from the menu. Menus demonstrated that people had a range of meal options to choose from. One person told us that they were looking forward to their lunch, which included bubble and squeak. People's weights were monitored each month and the records showed that people's weights were stable. This demonstrated that people's health was maintained due to eating and drinking ample amounts.

People said that they were able to be seen by their GP if they wanted to. The senior member of care staff gave examples of when they would support people in gaining access to medical services. They said, "Because we know our residents [people who lived at the home] so well it is easy for us to notice changes, such as a UTI (urinary tract infection). We get in touch with the GPs very quickly so they can nip it [infection] in the bud with the use of antibiotics." Care records demonstrated that people were supported to access other health care professionals, such as hospital-based doctors, district nurses and chiropodists to maintain and treat people's health conditions.

Good

Is the service caring?

Our findings

People said that they liked living at the home because they liked the staff who treated them well. Before the inspection a social worker told us that people had were looked after by kind, attentive staff who treated them with respect. They said, "I have found it to be a very pleasant, caring place. It is very homely and the staff appear to go out of their way to make the residents [people who lived at the home] feel comfortable." Another social worker told us that members of staff always made sure that people's comforts were met and we also found this was the case. Members of care staff supported people in an attentive and caring way and regularly asked them if they were alright.

Before our inspection a social worker told us that people had been given choices about where they wanted to eat their meals. They said, "Residents are asked where they would like to have their meals. Some at the table, some (sitting) with a trolley table in their comfy chairs." We too found staff asked people where they wanted to eat their lunch.

People were offered choices about what they wanted to do. This included choice of when they wanted to stay in bed. One person said that they had got out of bed later than their usual time because they were allowed to sleep on. The registered manager told us that they had carried out unannounced visits to the home during which they had observed members of care staff asking people if they wanted to get up. However, two of the people told us that they felt this choice was not always offered to them. One person said, "The staff come in and tell me it is time to get up." Another person told us that they were awake when a member of staff supported them with getting up. They said, however, they had not been asked if this was what they wanted to do. Both people's care records showed that they liked to get up early. However, the NI and registered manager told us that members of staff were to be reminded in asking people on a daily basis about when they wanted to get up.

The premises offered some single rooms although others were shared. Where people preferred a single room, this was made available as soon as a vacancy became available. The registered manager advised us that where people shared a room this was by agreement and people's personal preferences.

There were communal bathrooms and toilets. However, none of these doors were provided with locks and therefore people's rights to privacy were placed at risk. Nevertheless, members of care staff were aware of protecting people's rights to privacy and dignity. This included providing people with personal care behind closed doors and ensuring people were covered up during times when they were occupied with their personal care.

We found that people's independence with their eating, drinking, walking and personal care was valued and respected. Relatives told us that the staff members ensured their family members independence with their personal care and walking was maintained. People's care records showed that people were enabled to maintain their independence as far as they were able to.

People were involved in making day-to-day decisions about their support and care. This included, for example, decisions about what they wanted to eat, where they wanted to eat, taking their medicines and what activities they wanted to take part in. However, people told us that they were not aware of their care plans. We found that their care plans failed to demonstrate that people had been formally involved in developing their care plans as no signature had been obtained to confirm that people had been involved. However, people told us that they were very satisfied with the standard and quality of their care.

People were supported to maintain contact with their relatives and told us that they had visits from them. Relatives told us that they visited often and other relatives also visited. The member of senior care staff, "People also go out with their families and friends."

Members of staff told us how people were cared for. The senior member of care staff said, "It's (our work) to provide the best care on all levels for people within the home. To give them a quality of life. For them to have dignity. That they are happy and feel safe in their environment." Members of care staff and the cook said that they enjoyed their work because the atmosphere of the home was friendly and one of them described it as "one big family home."

The registered manager and NI advised us that people were not currently supported by general advocacy services but had been made aware of the services available. In the

Good

Is the service caring?

main reception area there was information available for people in relation to general advocacy services. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

Members of staff were aware of people's individual needs and these were met in line with their care plans. This included people's individual dietary likes and dislikes and if people liked to take part in group activities. The member of care staff said, "Because it is a small home, you definitely get to know people who are (living) here. They talk about their families and they talk about their past. What they used to wear and past relationships." People's life histories were recorded and we saw, for example one person was supported to carry on with their previous interest of taking walks outside. They said, "I really like going out for a walk."

People's health needs were responded to, which included their mobility and continence needs. People's end-of-life care needs were met with additional support from medical and nursing services.

Pre-admission information was obtained before it was decided that people's assessed needs would be appropriately and safely met. The NI told us that when people's needs had changed, and could no longer be met, people were supported to move to a more suitable place, which included nursing homes. People's care records and risk assessments were kept up-to-date and reviewed. Changes were made in response to people's needs. This included changes in people's health conditions and in their levels of independence with their personal care.

During the morning of our visit we saw that people were taking part in a general knowledge quiz. One person said, "I really enjoyed doing that." Other activities that people took part in were watching DVDs and women having their finger nails varnished. One of the women told us that the choice of nail varnish colours was co-ordinated with the colours of the clothes that they were wearing on that day. People were also supported to follow their religious beliefs in and outside of the home. Volunteering services supported people to go for walks and people were also supported to go shopping at a local supermarket. One person said, "I never get bored." People took part in arts and carts activities and were preparing for the forthcoming Christmas celebrations with the making of decorations and greeting cards.

There was a complaints procedure in place and information about how to make a complaint was publicly displayed. People knew who to speak with if they were unhappy about something. This included members of care staff or the registered manager. The 'residents' and relatives'' meetings enabled people to make their concerns known. However, people said that they were satisfied with how they were looked after and had no cause to make a complaint.

Members of staff were knowledgeable in how to support people with their concerns or complaints, in line with the provider's complaints policy and procedure. The NI and registered manager told us that they had received no complaints but had received a number of thank you cards from people's relatives.

Good

Is the service well-led?

Our findings

The registered manager had been in post for approximately nine years and people knew who she was and were able to tell us her name. We saw the manager walking around the home talking to people, staff and relatives. One person said, [Name of registered manager] does come and talk to me." The NI had received a letter from a health care professional in respect of the registered manager: she was complimented regarding her knowledge about people's individual needs and how she valued people and staff members.

Members of care and catering staff said that the registered manager and the NI were approachable and that they felt listened to. This included when they asked for additional equipment or items to support them with their work. The management team acted on these requests. This included, for instance, a request for a new hand whisk for food preparation and additional arts and crafts material to support people with their Christmas hobbies and interests.

Meetings enabled staff to make suggestions and comments in relation to improving the standard and quality of people's care. This included suggestions to improve the range of activities that people took part in. The member of care staff said, "I asked for more Christmas things to be bought. Different DVDs and things for the garden. My requests are always acted on." The staff meetings enabled the management team to remind staff of their roles and responsibilities in maintaining accurate records. The meetings also reminded staff regarding their professional boundaries by not discussing their personal views with people they looked after.

People and their relatives were enabled to make their views known about the home. At the entrance to the home there was a suggestion box for people to use. The NI advised us that this was seldom used. Other methods to obtain people's views included meetings during which people were asked about the menu, activities and redecoration and refurbishment of the home. Action was taken when a person requested redecoration of their bedroom and to have a single room. Surveys had been carried out during 2015 and the results of these had been analysed during October 2015. Results of the surveys demonstrated that people were very satisfied with how they were looked after. Three small actions were to be taken in response to less positive views. This included a change of time of the 'residents' and relatives'' meetings so that relatives were able to attend at a time that was more suitable for them.

Audits were carried out on care plans and medicines, which also included spot checks on medicines. Where action was needed, staff were reminded of these during staff meetings.

As part of the provider's quality assurance system, arrangements were in place to improve the presentation and use of the premises. The registered manager and NI told us that arrangements were planned to repair the cracked flooring of the laundry room and change a downstairs bathroom into a wet room. We were advised that the expected timescale for these actions to be completed was no later than 31 March 2016. This showed us that the provider had a system in place to continually improve the quality and safety of people's home.

Links with the community were made with volunteers and religious organisations. During our inspection representatives from both of these organisations were visiting people at the home. A team leader also told us that during Christmas festivities school children visited people to sing carols to them.

Members of staff were aware of the whistle-blowing policy. The team leader said, "If I noticed there was a problem involving a resident or a member of staff I would go to the [registered] manager and air my concern. If I felt that it wasn't being resolved then I would go to the proprietor, CQC and Essex County Council." They told us that they would have no reservations in blowing the whistle if they needed to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with fire because of inadequate means to hold open fire doors and there were no personal evacuation plans in place to identify and manage the risk. Regulation 12 (2) (d).