Mrs Beverley Holmes-Patten

Ashling House

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

This inspection took place on 10 January 2018 and was unannounced. At our last inspection in January 2016, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection, we found that the service continued to be rated "Good".

Ashling House is a care home. People receive accommodation and personal care support as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Ashling House is registered to accommodate 14 older people in one building. Ten people were using the service at the time of inspection.

The provider of the service is an individual who is responsible for the day-to-day management of the service. Therefore they are not required to have a separate registered manager. The provider is the registered manager of the service. 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 continued to receive safe care. There were enough staff to meet people's needs. Staff were appropriately recruited. Sufficient numbers of staff were available to provide care and support to meet people's needs. People were protected from the risk of harm and appropriate risk assessments were in place to provide safe care. People received their prescribed medicines from competent staff who were trained to administer medicines safely.

The care that people received continued to be effective. Staff had access to support, supervision, training and on-going professional development that they required to work effectively in their roles. People were able to see healthcare professionals, such as GPs, when needed and were supported to maintain good health and nutrition.

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People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The staff demonstrated good knowledge of people's care needs, significant people

and events in their lives as well as their daily routines and preferences. Therefore, people continued to receive care and support that was responsive to their needs.

People and their relatives felt staff were kind and caring. Staff supported people to maintain their independence and respected their privacy and dignity. People were supported to take part in activities based on their own interests.

People, relatives and staff felt the service was well run and the registered manager was approachable. The registered manager worked well with other organisations to ensure people received the care and support they needed.

The registered manager had systems in place to monitor the quality of the service provided to people. People and their representatives were able to raise concerns or complaints if they needed to and felt these were listened to and acted upon.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Ashling 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 unannounced inspection took place on 10 January 2018 and was carried out by one inspector. Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about.

During our inspection we spoke with five people who used the service, two relatives and two members of staff, the hairdresser, the GP and the registered manager.

We looked at three people's care plans, two staff recruitment files, staff training records and records relating to the management of the service such as quality monitoring surveys. We also looked at the environment of the service.

Good

Is the service safe?

Our findings

People told us they felt safe whilst receiving care and support. One person told us, "Yes I feel safe, very." Another person said "I feel safe here. Yes definitely." A relative told us, "[The person] is totally safe here. We have no concerns about [person's] safety."

The provider had taken steps to protect people from abuse. There were systems in place to ensure that safeguarding concerns were raised with relevant agencies, such as the local authority safeguarding team. Care staff told us they would inform the registered manager or deputy manager of any safeguarding issues. Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received safeguarding training and knew how to recognise abuse. They were aware of the whistleblowing policy and knew that they could approach other organisations if they had any concerns about abuse. The registered manager understood their safeguarding reporting responsibilities.

Each person's support plan contained individual risk assessments in which risks to their safety were identified. These included areas such as skin integrity; falls, mobility, diet, and the use of bed rails. Staff knew how to reduce risks to ensure people's safety. For example, where people were identified as being at risk of falls, specialist equipment such as pressure mats by their beds had been obtained. Risks were reviewed regularly and updated as required.

The registered manager had risk assessed the environment. For example, fire precautions and action staff needed to take in an emergency. The provider also carried out regular maintenance checks such as an annual gas safety check and portable appliance test to ensure any equipment was safe to use.

We observed that there were sufficient numbers of staff to keep people safe in the home. People, relatives and staff told us that there were enough staff on each shift to meet people's needs. One person said, "They [staff] come to help whenever I press the button. They are good." We observed that staff had time to interact with people and support them in an unhurried and calm way. The staff rotas showed there were adequate numbers of staff deployed each day to meet people's needs. Staff covered each other for sickness, absence and leave. This meant people received care from a consistent group of staff who they knew.

We looked at the recruitment records for a newly recruited staff and saw that safe systems were used when new staff were recruited. Disclosure and Barring Service (DBS) checks were carried out for all new staff before starting work. DBS checks help employers make safer decisions and prevent unsuitable people from working with people who need support. References from previous employers were on files. These checks help employers to make safe recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services.

People received their medicines as prescribed from trained and competent staff. People's medicines and guidance about how to administer these were recorded in their care plan. We observed staff administering medicines to people at lunch time. We saw that medicine administration records (MAR) included the name of the person receiving the medicine, the type of medicine and dosage, and the signature of the staff

administering it. There were plans in place that outlined when to administer as required, medicines. Regular medicines audits were completed by the registered manager to ensure that medicines were administered safely.

Staff received training on infection control and food hygiene. They understood their role and responsibility to maintain a high standard of cleanliness to prevent infection. They had access to protective clothing, such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff, who followed appropriate infection control procedures.

Accidents and incidents were reviewed to ensure people remained safe and identify changes needed to people's care. Documents included an outline of how accidents occurred, what actions were undertaken and how they planned to reduce the risk of similar events. The purpose of this was to monitor for any themes, check associated recordkeeping and assess actions taken in order to analyse and minimise the risks to people of receiving unsafe care.

The home was clean, free from odour, comfortable and well maintained. It was in a good state of repair and decoration. Maintenance records indicated that repairs were carried out when needed.

Good

Is the service effective?

Our findings

People told us they were well looked after. One person said "They look after me very well. The staff are very good and know how to look after me." Another person told us "Yes the staff know what to do." A relative told us "They [staff] know what they are doing."

Before a person started to use the service, the registered manager carried out an assessment of their needs, to ensure the staff could meet their needs.

People and their relatives felt that the staff had the knowledge and skills to look after them. The staff training matrix showed that staff had undertaken training in all relevant areas. he registered manager monitored staff training to ensure that they were up to date with their knowledge and skills. Staff described the training as very good. A staff member told us "We get very good training. It is always on going." New staff completed an induction and shadowed experienced staff before beginning to work on their own with people.

Staff felt supported by the manager and the deputy manager and said they were both approachable. They told us that they received regular supervisions (one to one meeting with the registered manager to discuss their work or any issues they might have). Appraisals were completed annually. This showed that staff received appropriate professional development and were supported to deliver treatment safely and to an appropriate standard.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 2005and whether any conditions on authorisations to deprive a person of their liberty were being met. Assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted to the local authority and approved. We saw that staff asked people's consent before they carried out tasks. Where people were not able to make a certain decision, we saw a best interest decision meeting was held, involving relatives and other health care professionals.

People's food preferences and needs were recorded and menus were planned to reflect this. A person told us, "I am diabetic and have diet controlled food." Another person told us, "We get choices about food, they have a menu so you just say what you want." The cook who worked in the home, confirmed that specialist diets based on health and cultural needs and personal preferences were catered for.

Food was freshly prepared by the cook each day and people had a choice of meals. Staff understood the importance of good nutrition and encouraged people to eat well.

Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals to relevant health professionals in a timely manner. Health records were up to date and contained detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. A visiting health professional told us, "This is a very good home. It is a pleasure to visit. The [manager] makes appropriate referrals and always follow our guidance and instruction."

We saw that the premises were suitable to meet the needs of the people using the service. A relative told us, "It feels like a 'normal' home. [The person] has a lovely room." Corridors were well lit and accessible to people with limited mobility. Bedrooms were personalised with people's personal items and photographs. There were items of interest and reminiscence in the communal areas and corridors to provide visual stimulation to people. This meant that the adaptation, design and decoration of premises were suited to the needs of the people using this service.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, "The staff are polite. They are very good and kind." A relative told us, "[The person] is always spoken to kindly and with respect. They are lovely staff."

We saw positive interaction between people and staff. They had built a good relationship with people and were aware of their individual needs, wishes, likes and dislikes. We noted that staff spent time in the lounge sitting and chatting with people. A professional who visits the home regularly told us "The staff are brilliant. They are so caring. It is a relaxed and comfortable home."

Records showed people and their relatives where applicable, were involved in making decisions about care and support. A relative told us, "It is a fantastic service. They keep us informed of any changes." Assessment and care planning documentation showed people were consulted about their wishes when they first came to the service and then on an on- going basis. Relatives told us staff contacted them if there were any changes to their family member's care or if any issues arose.

People were treated with dignity and respect. A relative told us, "[The person] is always spotlessly clean, nicely dressed and hair is always 'done'." Staff spoke of respecting people's choices at all times, for example, where they wanted to have their meals, what activities they wanted to participate in and when supporting people with personal care. They said when providing personal care they kept doors and curtains shut, covered people up and spoke with them to explain what they were doing at all times. We found people were appropriately dressed and were addressed by their preferred names. We saw that the service supported people's independence as far as possible.

Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff told us they made sure people's personal information was not shared with anyone else and adhered to the provider's data protection policies.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and personalised care plans had been developed with the involvement of people living at the service and where appropriate, their relatives. One person said "I have a care plan and have signed it. The staff look after me very well." Another person told us, "I have a care plan. I have had problems with my legs and it is amazing how [staff member] has come to help me to get better." A relative told us "[The person] has a care plan, it is reviewed a couple of times a year. The staff have been here for years and have built up a rapport with the residents and know how to meet their needs."

Staff told us they learnt about people's needs from reading their care plans and speaking talking with them and their relatives. Care plans included information about people's health and social care needs, lifestyles and cultural needs. People's preferences, for example, times for getting up and going to bed times and their personal care choices, were included. Care plans were individualised . For example, one person's stated, "Ensure [the person] has a controlled diet. Staff to check their feet regularly and arrange for nails to be cut by a trained professional. Offer diabetic eye screening." This helped to ensure that staff supported people in the way they required and that their health care needs were met. Records showed that relatives were kept informed of any changes in their family members' health and care needs. This was confirmed by relatives spoken to during our visit.

People told us that they were encouraged to participate in activities. A relative said, "They [staff] try to get [my family member] to move around and get involved. They talk with them and help them to remember things." Staff knew people's histories and used this information for discussion and reminiscence. We saw that a range of activities were offered to people. For example, board games, colouring, quizzes, group chats, listening to music and arm chair exercises. External entertainers visited the service including singers. One person told us "I like it especially when an elderly man (external entertainer) comes and plays music. I really like it."

People told us that if they had any complaints they would tell the manager or their relatives. One person told us, "No complaints. I would tell the manager Beverly. She comes to chat with me quite often. Another person said, "No complaints. 100% with the staff." The service's complaints procedure was displayed at the service and people were also given a copy of this, when they began using the service. Relatives told us that any issues they raised were immediately dealt with by the manager and they were satisfied with the outcomes. Records showed that staff and the manager took action to improve the service when concerns and complaints were brought to their attention. This included meeting with complainants where possible and giving them the opportunity to discuss their concerns and be listened to.

The manager told us none of the people using the service were receiving end of life care at the time of our inspection visit. However, they were prepared for people who had a diagnosis of a serious medical condition and may require end of life care. We spoke to staff about how they would support people if they did needed this type of care. They explained the different roles of care workers and nurses in providing comfort and other types of care and pain relief medicines where necessary. Staff understood the importance of being

with people at the end of their lives. They also knew how to support relatives, make them welcome at the service and ensure they could spend as much time as they wanted to with their family members.

Good

Is the service well-led?

Our findings

The provider of the service, who was also the registered manager, had responsibility for the day-to-day running of the home. People and their relatives felt the service was well led and spoke highly of the registered manager and all the staff at the home. They told us the registered manager was attentive and caring. A relative told us "The manager is very good and approachable, so is the deputy."

Feedback was regularly sought from people and their relatives through the use of quality surveys and by face to face contact. In the most recent quality assurance survey, relatives rated as "excellent" the appearance of the home, atmosphere, staff friendliness, contact with management, sharing of information and involvement in care planning. People told us that they were involved in planning menus and activities at the service and invited to share their views and raise concerns if they had any. The results of these surveys showed that people and relatives were satisfied with the care provided and the quality of the service.

Staff told us they felt supported by the manager who was approachable and shared information with them through team meetings and daily discussions. This was to ensure that staff were up to date with any changes in policies and legislation. Discussions were also held about training needs and to give staff the opportunity to feedback on the service and make suggestions for improvements.

The registered manager and other members of staff completed a program of audits to ensure people's safety and welfare, as well as ensure a continuous drive for improvement. Any actions identified through these audits were completed, such as making improvements to the environment and changes to the menu.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The service worked in partnership with other agencies to support care provision and development.