

Ashmoor Health Care Limited

Ash-lee

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 visit at Ash-Lee took place on 22 February 2017 and was unannounced.

The last comprehensive inspection of this service was carried out on 14 January 2016, at which two breaches of legal requirements were found. This was because the provider had failed to ensure people were protected against the risk of malnutrition and they had failed to notify us of significant events at the home.

Following that inspection, the provider supplied us with an action plan which told us how they were going to make improvements for people who lived at Ash-Lee. We carried out a focussed inspection on 12 July 2016 to check what improvements had been made. We found the provider had implemented the improvements detailed in their action plan and were meeting legal requirements. We were not able to improve the rating of the service at that time because to do so requires consistent good practice over time.

During this inspection, we found the provider had continued to meet legal requirements and, as such showed consistent good practice. Therefore, we have improved the rating for the service.

Ash-Lee is a small home registered to provide care and accommodation for up to eleven persons who live with learning disabilities, dementia or a mental health condition. The home is situated in a residential area of Morecambe close to the sea front and within walking distance of a number of facilities and amenities. There are ten single bedrooms and one shared room. Bedrooms are located on four floors. Rooms on the ground and first floor can be accessed via a stair lift should people require assistance. At the time of our inspection, nine people were living at Ash-Lee.

The service had a registered manager. 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.

We found the registered manager had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We looked at the recruitment of two staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed an induction and training programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Individual risk assessments had been completed for people who lived at the home. This helped to ensure

risks had been identified and measures put in place to reduce risks to people's safety and wellbeing. Written plans of care provided a good level of guidance for staff with regard to supporting people safely.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they knew how to work within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. We saw staff followed infection control guidelines.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were stored appropriately.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

During our inspection, we observed people were involved in activities which they appeared to enjoy. A range of activities were provided at the home to help ensure people received a good level of stimulation.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs had been met.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Medicines were administered and stored in a safe manner.

Is the service effective?

Good 

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion in their day-to-day care. People spoke positively about the care at Ash-Lee.

Staff had developed positive caring relationships with people who lived at the home and knew them well.

People and, where appropriate, their relatives, were involved in

making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider offered activities to stimulate and maintain people's social health.

People told us they knew how to make a complaint. They felt confident the manager would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a visible presence throughout the home. People and staff felt the registered manager was supportive and approachable.

The registered manager used a system of audits and checks to monitor, maintain and improve the quality of the service provided.

People, their relatives and staff were involved in making decisions about how the service was delivered.

Ash-lee

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.

The inspection team consisted of an adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about Ash-Lee. They included four people who lived at the home, two care staff and the registered manager. We also spoke with a relative of one person over the telephone after our inspection visit.

We looked around the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked two care documents and medicines records in relation to people who lived at the home. We looked at two staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, minutes of meetings, satisfaction surveys and findings from monthly audits.

Is the service safe?

Our findings

People told us they felt safe living at Ash-Lee. Comments we received included, "I'm happy here. It's always clean and tidy." "Yes, I feel safe. There's always someone around if I need something." And, "I feel very safe. All the staff are great." The relative we spoke with told us they felt their brother was safe living at the home.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had information to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in staff training records. Staff we spoke with explained how they would deal with safeguarding concerns and told us they had confidence in the registered manager to deal appropriately with any issues. There had been no safeguarding concerns relating to Ash-Lee for over 12 months prior to our inspection.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files, which contained the required information. This included a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruiting decisions. We saw references from previous employers had also been sought. These checks helped to minimise the risks to people of the recruitment of potentially unsuitable candidates. Staff personnel files also contained records of interviews and checks on candidates' identity. Records confirmed staff had not begun to work at the home until these checks had been completed. This showed the provider followed a robust and safe process when recruiting new staff.

We looked at care records for two people who lived at the home. We did this to check how risks to people were identified and managed. We found individualised risk assessments were carried out appropriate to people's needs. Care documentation contained instructions for staff to ensure risks were minimised. During our observations, we noted people were supported as described within their care plan. Staff we spoke with and the registered manager confirmed assessments of people's needs and individual risk assessments had been completed. They were reviewed by people's key-workers each month and updated regularly, in line with changes in people's needs. This was also evident when we looked at documented assessments. For example, we saw one person's risk assessment and care plan had been reviewed and updated after they had fallen.

We asked about staffing levels during our inspection and received positive feedback. Staff we spoke with told us they felt there were always enough staff on duty to ensure people's needs were met safely. We looked at staffing rotas, which showed a consistent level of staff were deployed. When we discussed staffing with the registered manager, they told us they had recruited more staff and had a stable team. This included a number of long-standing staff and staff who had returned to work at Ash-Lee from employment elsewhere.

We observed staff going about their duties. We noted staff were not rushing and had time to respond to people in a safe and timely manner. We saw the deployment of staff throughout the day was organised. This showed the provider had ensured a sufficient number of staff were deployed to meet people's needs safely.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Record (MAR) forms for three people. We also observed the administration of medicines by trained staff. We observed consent was gained from each person before staff administered their medicine. The MAR was then signed immediately. We did this to see if documentation was correctly completed and best practice procedures were followed.

Medicine audit forms were seen and checked as correct. Records looked at showed trained staff received competency observations to ensure their skills and knowledge were maintained. Medicines were stored clearly and safely within the trolley. We observed the medicine trolley was locked and tethered to prevent its removal from the home. There were no controlled drugs being stored at the time of our inspection. We saw appropriate facilities and systems were in place to manage controlled drugs safely.

We checked how accidents and incidents had been recorded and responded to. Any accidents or incidents had been recorded as soon as possible after the incident. We saw the recording form had the description of the incident and any action taken by staff. The registered manager explained they analysed accidents and incidents to identify any trends or themes, in order to take action to reduce the risk of it happening again.

We looked at each area of the home, including bedrooms, the laundry room, bathrooms, toilets, the kitchen and communal areas. We found these areas were clean, tidy, and well maintained. We observed personal protective equipment was available around the home and staff made use of it appropriately, for example, wearing disposable gloves and aprons when necessary. We looked at records, which confirmed regular testing and certification of utilities systems were carried out in line with legal requirements.

Is the service effective?

Our findings

People who lived at Ash-Lee told us they received a good level of care. One person told us, "The staff are good. The food is good." Another person told us, "All the staff are good. The food is excellent, there's always a choice. If you're not well, they take notice and get a doctor or take me to the doctor." People felt staff were skilled to meet their needs and provide effective care. The relative we spoke with told us staff did a "good job" in providing effective care. They confirmed staff supported their brother to attend healthcare appointments.

We looked at how the provider ensured staff had the skills and knowledge to carry out their role. When new staff were employed, they completed an induction and worked to complete the Care Certificate. The Care Certificate is the national minimum standard of training care staff are expected to receive. In addition, new staff shadowed more experienced staff before they carried out tasks unsupervised. This helped to ensure staff were confident and competent to undertake their role effectively and were familiar with people and the premises.

Staff we spoke with told us and records we looked at confirmed staff had received training in a variety of topics. These included safeguarding, load management, infection control and fire safety. Staff also confirmed they had received training on topics such as caring for people with dementia and end of life care. Staff we spoke with told us they felt they had received sufficient training to meet people's needs. This helped to ensure the staff team could meet the needs of people who lived at Ash-Lee effectively.

We looked at how the registered manager supported staff. Staff told us they received regular supervision from the registered manager. Records we looked at confirmed staff received regular supervision and an annual appraisal to support them to carry out their duties effectively. The registered manager told us they monitored this carefully to ensure staff received a good level of support. Supervision was a one-to-one support meeting between individual staff and the registered manager, to review their role and responsibilities. The process consisted of a two-way discussion around people who lived at the home, personal development and training needs, as well as any other topic staff wished to discuss. All staff members we spoke with told us they felt they could speak with the registered manager at any time, should they want additional support or guidance. They told us they had confidence in the management team and any issues were resolved promptly. The registered manager also confirmed since our last inspection, the level of support and supervision they received had improved and was of a good level.

People's healthcare needs were carefully monitored and discussed with the person and, where appropriate, their relatives as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals such as district nurses. Care plans had sections for general medical conditions and specific conditions such as mental health. The registered manager told us the GP visited to attend to new and ongoing issues and staff supported people to attend appointments in their local community. People told us they could go out to see a doctor or a home visit would be arranged if they preferred. This confirmed good protocols were in place for people to receive effective support with their healthcare needs.

We observed mealtimes throughout the day and asked people about their experiences of the food and drinks offered. People were able to choose where they received their meals, in their bedrooms, in the dining area or other communal areas. People who required assistance with their meal were offered encouragement and supported effectively. Staff did not rush people allowing them sufficient time to eat and enjoy their meal. We saw snacks and drinks were offered between meals. People appeared to enjoy the food provided on the day of our inspection. One person told us "That was really good!" after finishing their cheesecake at lunchtime. We saw, where appropriate, people had been provided with adapted cutlery and crockery to enable them to maintain their independence with eating.

Staff on duty were responsible for preparing people's meals. They had knowledge of people's likes and preferences, which were also recorded in written plans of care and displayed in the kitchen. Staff knew who required special diets, for example, low sugar or gluten free, and who required food to be served at a prescribed consistency. We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The home had achieved a food safety rating of five. Services are given their rating when a food safety officer inspects the premises. The rating of five meant the home was found to have very good food safety standards.

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the provider carried out routine assessments of people's capacity. Everyone who was living at Ash-Lee at the time of our inspection had been assessed as having capacity to make decisions for themselves.

We spoke with staff to assess their knowledge of the MCA. Staff we spoke with told us they had received training on the MCA and DoLS. They were aware of the need to consider people's capacity and what to do when someone lacked capacity. One staff member told us, "We give everyone choices about everything. Everyone has capacity, so they make their own decisions."

We looked at each area of the home to check whether the premises were maintained. We found all areas of the home were maintained to a good standard and provided pleasant surroundings for people who lived there. The provider employed maintenance staff who attended to any issues that arose. Any maintenance work that was required was recorded by staff who passed the information in to the registered manager. We saw from records and staff told us any issues were addressed promptly.

Is the service caring?

Our findings

People we observed appeared happy, relaxed and comfortable with staff. We observed staff treated people with kindness and compassion. The atmosphere within the home was calm throughout our inspection. Comments we received from people about how caring the service was included, "The staff are lovely, nice and friendly. I get on with all the staff and I like [registered manager]." "I'm happy, the staff are nice, I can come and go as I please." And, "It's very good here, we have a good laugh. They make a real fuss of my dog." The relative we spoke with described the staff and management as caring and told us they were always made to feel welcome when they visited.

Staff we spoke with told us they had received training around providing care and support to people in a way that was dignified and respectful. We saw staff put this into practice during our inspection. We observed many positive and caring interactions between staff and people who lived at the home. We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect.

Relationships between people who lived at the home and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There was a rapport which people appeared to enjoy and which showed familiarity.

People told us they could come and go as they pleased and all had a key to the front door. People also told us they were able to receive visitors at any time. We saw people's relatives visited during our inspection and received a warm welcome.

The provider had gathered important information about people, which included their life history, preferences about their care and support, likes and dislikes. This information was added into people's written plans of care in order to make the care and support people received person centred. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager confirmed they had information that could be provided to people and their families, if this was required. This helped to ensure people's interests would be represented and they could access appropriate services to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at Ash-Lee told us they received a personalised care service that was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met. The relative we spoke with told us the service worked well to ensure their brother's individual needs were met.

To ensure the care and support provided to people was able to meet their needs, the registered manager completed an assessment of people's needs before they moved into the home. The registered manager explained if they were not able to meet people's needs they did not offer a place at the home.

To make sure the support remained responsive to people's needs, people's keyworkers carried out regular reviews of people's needs and their written plans of care. Risk assessments and plans of care were also regularly reviewed by the registered manager to ensure staff completed reviews appropriately. We saw written plans had been updated in line with changes in people's circumstances. For example, one person had recently been diagnosed with diabetes. Their plan of care had been updated to show they now required a reduced sugar diet. This showed the registered manager had a framework that ensured the care delivered was able to respond to people and their care needs.

During our inspection, we looked at two care plans. The plans we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. The provider had gathered information about people's preferences about how their care was delivered, which was added into written plans of care. We saw information related to mobility, nutrition, emotional needs and communication. There was further information on daily life, social activities, personal care, safety and well-being.

We asked about activities that took place at Ash-Lee. We saw there was a weekly timetable of activities available for people to participate in, if they wished to do so. People we spoke with confirmed a range of activities took place at the home. During the morning of our inspection, people were engaged in painting 'pop art' pictures. Everyone appeared happy and told us they were enjoying painting. People pointed out pictures they had painted previously which were displayed in the lounge at Ash-Lee. A member of staff told us the manager had been spending time tailoring activities to people who lived at the home. They explained for one person in particular this had resulted in a very positive change. The person was much less anxious because of the meaningful stimulation they received.

We found there was a complaints procedure, which described the investigation process, and the responses people could expect if they made a complaint. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager. We saw no formal complaints had been received by the service in the last 12 months. People we spoke with and staff all told us they would not hesitate to raise concerns and felt they would be listened to, but no one had any cause for complaint.

Is the service well-led?

Our findings

People we spoke with and staff all gave us very positive feedback about the management at Ash-Lee. One person said, "I like [registered manager], she's nice and friendly." Another said, "[Registered manager] is good. I know I could go to her if there was something to sort out." Staff members we spoke with told us they received a very good level of support from the registered manager. One member of staff told us, "[Registered manager] is lovely. She's all about the residents. She's really supportive. I can go to her with anything." The relative we spoke with gave positive feedback about the registered manager and how the service was run.

We looked at how the quality of the service was assessed, monitored and improved. We saw a range of checks and audits were in use, which covered areas such as care planning, the environment, infection control, medicines and staff training. We looked at completed checks, which showed they were undertaken on a regular basis. Where areas for improvement were identified, they were recorded as action points, which were continually reviewed.

We saw the provider gathered feedback from people who used the service relatives and staff members by way of a survey questionnaire. The questions on the survey were designed to cover a range of topics and gave people the chance to feedback their thoughts about how the service was delivered. We looked at the most recent results from the survey and found the comments people made about their care were very positive. For example, 'I wouldn't be here if it wasn't excellent' and, 'I feel the quality of care I receive is excellent'.

We saw minutes from resident's and relative's meetings, as well as staff meetings. The meetings were used to share information about events at the home and any planned changes. They were also used to gain people's views and experiences of the care they received and any suggestions they may have to improve the service. The service wrote to people's relatives to keep them informed with regard to any changes at the home, to keep them up to date and to gain their feedback on any proposals. This showed the provider assessed and monitored the quality of the service provided, in order to improve the experience of people who lived at the home.

Staff we spoke with told us they could approach the registered manager or other members of the management team with any issues, concerns or ideas. Staff were confident they would be listened to and management would take action. Staff told us the service was always well organised, to ensure peoples' care needs were met.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well-led and they got along well as a staff team and supported each other.

The atmosphere throughout the home was calm and relaxed during the whole inspection. People lived at Ash-Lee and staff told us the manager was visible within the home. When we spoke with them, we found

they were knowledgeable about the care and support needs of all the people living at the home. Everyone we spoke with told us they could speak to the registered manager or another member of staff whenever they needed to.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.