Care Quality Commission

Ashridge Court Limited

Ashridge Court Care Centre

Inspection report

163 Barnhorn Road, Bexhill On Sea, East Sussex
TN39 4QL
Tel: 01424 842357
Website: www.ashridgecourt.com

Date of inspection visit: 16 December 2014
Date of publication: 27/03/2015

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

Overall summary

The inspection took place on 16 December 2014. Ashridge Court Care Centre was last inspected on 17 September 2013 and no concerns were identified.

Ashridge Court Care Centre is a care home with nursing located in Bexhill On Sea. It is registered to support a maximum of 69 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia. The home has four separate wings offering residential care based on people's particular needs and requirements, including one which is a specifically designed dementia unit that can accommodate up to 16 people. On the day of our inspection, there were 60 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work with

Summary of findings

vulnerable adults. One person told us, "I feel completely safe and happy". Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the service to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were encouraged and supported to eat and drink well. One person said, "I eat my meals in my room and the meal is excellent. It is nourishing and we have plenty of choice". There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and they took part in activities in the home and the community. People told us they enjoyed the activities, such as pet visits, quizzes, visits from singing groups and trips to the local town.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service. Staff had received regular supervision meetings with their manager, and formal personal development plans, such as annual appraisals, were in place.

People felt well looked after and supported and we observed friendly and genuine relationships had developed between people and staff. A visitor said, "I can tell that my husband's well cared for, because his face lights up when he's approached by the nurses, carers, cleaners and laundry staff. You can't fake that kind of thing". The registered manager told us, "We make people feel like they have ownership. It's up to them what they do. It's not you're here in this home so do X, Y and Z. We're here to support you". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to stay in touch with their families and receive visitors. One visiting relative told us, "I come in each day and the staff care about me as well. He is in safe hands". Relatives were asked for their views about the service and the care delivered to their family members. Completed surveys showed families were happy overall and felt staff were friendly, welcoming and approachable. Residents' and relatives meetings were held and people said they felt listened to and any concerns or issues they raised were addressed. One person said, "If I had a problem I would raise it with my key worker and they would sort it out with the management. I've been here three years and have never had a complaint".

Care plans gave detailed information on how people wished to be supported and were reviewed and updated regularly.

People were involved in the development of the service and were encouraged to express their views. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service.

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?

Good

The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

Is the service caring?

Good

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of recreational activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Summary of findings

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery.

Ashridge Court Care Centre

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 checked 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 took place on 16 December 2014. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors and an expert by experience in older people's care undertook this inspection. 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 spoke with the Local Authority to ask them about their experiences of the service provided to people.

We observed care and spoke with people and staff. We observed how people were supported during their lunch. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as complaints and accident / incident recording and audit documentation.

Some people had complex ways of communicating and several had limited verbal communication. During our inspection, we spoke with five people living at the service, four visiting relatives, three care staff, the chef, a registered nurse, the deputy manager and the registered manager.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. Staff told us they encouraged people to be involved in their risk assessments. The registered manager said, "Staff have a good understanding of risk and also peoples' wishes. We risk assess for all things, but people can do what they want. We explain the risk to them".

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. For example, after analysis of an incident, a person had a wheelchair re-assessment, to ensure that their wheelchair was still suitable for their needs.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff and people knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed to ensure people's safety. The registered manager told us, "I think we have enough staff, but we will change the numbers subject to people's dependency and need". We were told agency staff were used when required and bank staff were also available. Bank staff are employees who are used on an 'as and when needed' basis. Feedback from people indicated they felt the service had enough staff and our own observations supported this. In respect to staffing levels and recruitment, the registered manager added, "We set our rotas four weeks in advance, and our staffing needs are supported by the owners. We look for people with the right skills mix at interview and assess how we can get the best out of them". Documentation we saw in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

One person was assessed as needing to receive their medicines covertly, which meant that they received their medicine without their knowledge. This had been recorded appropriately in their care plan and correct guidelines had been followed. Nobody we spoke with expressed any concerns around their medication or that of their relative. One person said, "I signed a form to self-medicate because I am capable. My medicines are locked away in my cupboard". A relative added, "Medicines are administered by staff in a very professional manner".

Medicines were stored appropriately and securely. Medicines which were controlled under the Misuse of Drugs Act 1971 (controlled drugs) were appropriately double

Good

Is the service safe?

locked within a medicines cupboard. These drugs were listed and logged in a controlled drugs register. We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met. One person said, “This is the best place to be”, and a relative told us, “I get on very well with the staff”.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. They also received training specific to peoples’ needs, for example around behaviour that challenges, care of people with dementia and end of life care provided by a local hospice. Additionally there were opportunities for staff to complete further accredited training such as NVQ (National Vocational Training). One member of staff said, “All the staff are very well trained. I have completed NVQ 3 and a diploma in leadership and management. We all complete mandatory training and I have expressed an interest in medicine control”.

Staff received ongoing support and professional development to assist them to develop in their roles. Supervision schedules and staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. Feedback from staff and the registered manager confirmed that formal systems of staff development, including annual appraisal was in place. The registered manager told us, “It’s important to develop staff as care workers, but we also want to train them and keep them motivated to continue to develop their caring skills”.

The staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of DoLS. The provider was meeting the requirements of DoLS. The registered manager and deputy manager knew how to make an application for consideration to deprive a person of their liberty should they not have the capacity to make certain decisions, and there is no other way to look after them safely. Several DoLS applications had been made and the home was consulting with the Local Authority to keep people safe from being restricted unlawfully.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. The chef told us, “We cater for vegan, diabetic and any other special diets. We speak with the nursing staff and people to find out daily what they want to eat”.

People’s weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The registered manager said, “The chef has regular one to one meetings with people to discuss any specific requirements, and there is regular liaison with Speech and Language Therapists (SALT) and Dieticians”. The staff we spoke with understood people’s dietary requirements and how to support them to stay healthy.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

The menu was displayed for people and showed the options available that day. People also told us the staff asked them what they wanted to choose each day. Everybody we asked was aware of the menu choices available. The staff knew individual likes and preferences and offered alternatives. People were complimentary about the meals served. One person told us, “I eat my meals in my room and the meal is excellent. It is nourishing and we have plenty of choice. I can have drinks throughout the day and there is water in my room”. Another person said, “They cater especially for me. They get me my soya milk and my soya ice cream". We saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request.

Care records showed when there had been a need, referrals had been made to appropriate health professionals. The registered manager told us, “I have confidence that staff

Good

Is the service effective?

know when to refer somebody. We have daily registered nurse meetings at 10am where we discuss any issues. We refer quickly and when needs change". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. A relative told us, "If my relative is ill, they ring for a GP who usually comes promptly". We saw that if people needed to visit a health professional, such as a dentist or an optician, then a member of staff would support them. The registered manager added, "We explain to people what their health conditions are and have discussion about the options available to them and possible outcomes. For example if somebody needs to go into hospital, or visit the dentist. We also liaise closely with GP's and specialist nurses".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with the staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. One relative told us, "The staff are 100% vigilant. My relative undressed for no apparent reason and the staff were there instantly to help and maintain his safety and dignity". Another relative said, "I can tell that my husband's well cared for, because his face lights up when he's approached by the nurses, carers, cleaners and laundry staff. You can't fake that kind of thing".

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. A relative told us, "They ask us for suggestions and keep us well informed". Staff supported people and encouraged them where they were able to be as independent as possible. Another relative said, "My husband doesn't have capacity, but the staff encourage him and take him to the lounge to join in the activities". The registered manager told us, "Independence is supported. People can do what they want".

People said they had their privacy and dignity respected. A relative told us, "The staff ensure my relative is well treated. He has to be hoisted, they never pass the buck, they explain everything they are doing and ask if it is ok". A person said, "They treat me like a normal person and chat about day to day activities. They show an interest in my family". Another person told us, "I cannot shower alone, but they ensure I have privacy and dignity as long as I'm safe". The registered manager added, "Staff have an understanding of privacy, dignity and human rights. We treat people as individuals, this is very important, as it's their home, we're just the visitors. That's why staff think about knocking on doors first".

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded. Everyone has their own idiosyncrasies and we get to know people well". All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans.

Care records were stored securely on the home's computer system. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training. Staff supported people in doing what they wished, such as sitting in the lounges or going to their room. There was a friendly, safe and relaxed environment, where people were happy and engaged in their own individual interests, as well as feeling supported when needed.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors". A visitor said, "I come in each day and the staff care about me as well. He is in safe hands".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. There was regular involvement in activities and the service employed two activity co-ordinators. One person told us, "I use the computer and I play music. I have four or five visitors per week. Time flies". Another person said, "My husband does not have capacity, but staff encourage him at every stage, even helping to do a jigsaw in the lounge". Activities were organised in line with people's personal preferences, for example a bridge club attended the home to play bridge with one particular resident, and in light of feedback from a residents' meeting Tai Chi classes had been arranged. We also saw a varied range of activities on offer, including, pet visits, quizzes, visits from singing groups, trips to the local town and exercises to music.

The home supported people to maintain their hobbies and interests, a relative told us, "My husband was a politician, they put the news on for him or the party conference. It brings back memories for him. Another person said, "I like to be left to my own devices and this is respected. I go down to use the computer, I was taught to use it here. The day goes very quickly. I am never bored". The home also encouraged people to maintain relationships with their friends and families. A relative told us, "My relative had two former work colleagues visit. Staff were informed and did not need reminding. They provided a private room with dining facilities and made sure that my relative was ready to greet them". The home also provided people with a daily 'newspaper' that was downloaded from the internet. The 'newspaper' was specifically designed for residential care environments. This was well received and contained reminiscence exercises, daily activities and articles of interest.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all wonderful". The registered manager said, "People are given information about how to complain. It's important that you reassure people, so that they comfortable about saying things. We see it as a positive, not a negative".

A service user / relatives' satisfaction survey had been completed in November 2014, and a further survey had been sent out to visiting professionals. Results of people's feedback had been used to make changes and improve the service. For example, in light of comments received a meeting was arranged with laundry staff to increase awareness of laundering delicate items. Meetings were held regularly for people at which they could discuss things that mattered to them and people said they felt listened to. Meeting minutes showed that somebody had complained their mattress was uncomfortable, and a new one had been arranged for them in light of this.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people had been involved in the initial drawing up of their care plan. These plans also provided information from the person's point of view. They provided detailed information for staff on how to deliver peoples' care. For example, information about personal care and physical well-being, communication, mobility and dexterity.

Care plans were recorded electronically and were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the computer system displayed alerts to show which sections of people's care plans required a review. Daily records also provided detailed information for each person and staff could see at a glance how people were feeling and what they had eaten. People were involved in the reviews of care, which were then checked and signed by them on completion. A relative told us, "I sign it off [the care plan] every month and I can change things". A person said, "I am happy with my care plan. I have read it and I think it's well thought out".

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. A relative told us, "We have formed a group called the 'Relatives Forum' just for the dementia unit. We have had two meetings, one about how to make good use of your visit. The second an Alzheimer's Society tea and talk about compassion and dementia friends". Another relative added, "They are 100% supportive and act on our feedback". Further comments indicated that the home was well led, one relative told us, "This is definitely the best place for my relative, he would have approved of everything that goes on here if he was still able".

We discussed the culture and ethos of the service with the registered manager. They told us, "We make people feel that they have ownership of their care. It's up to them what they do. Just because you are in a home, it's not a locked door. We explain that they can still have choice, and still have control over their lives and enjoy themselves". In respect to staff, the registered manager added, "We want the home to be innovative. We don't want care staff or registered nurses to just come here to retire, we want them to move forward and grow. We want them to know that ideas are important and if you've got an idea to come to us. We'll implement good ideas and develop them into practice". We were shown an example whereby as a result of from feedback from staff, new paperwork had been developed to make it more user friendly.

Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One member of staff told us, "Management is approachable, you could always knock on their door, but this is not necessary because they are 'hands on'". The registered manager told us, "We listen to staff, so they are comfortable to talk to us. I have a good understanding of the day to day issues. We motivate staff and talk to them about who they are, what they are looking for out of their role. Any issues are dealt with positively, we support them and don't single anybody out. We involve staff in events, as we think their contribution is important to create a good culture".

There were good systems of communication, and staff knew and understood what was expected of them. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Team meetings were held at which staff could discuss aspects of people's care and support, and work as a team to resolve any difficulties or changes. The registered manager told us, "I want staff to feel comfortable in what they do. To have normal everyday interactions with people, but also be professional, responsible and have an understanding of what they do". A member of staff said, "This is the best place I have ever worked".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's would support them to do this in line with the provider's policy.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. For example, an audit highlighted that some gaps in information were found in the recording of people's life histories. In light of the outcome of this audit, further discussions took place with staff in respect to the recording of information. Questionnaires were sent out annually to families and feedback was obtained from people, staff and involved professionals. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The registered manager informed us that they attended regular management meetings to discuss areas of improvement for the service and review any new legislation within the sector. They were supported by the owners and directors of the Canford Healthcare Group, who provided a 'head office' function for the home. These centrally provided services such as human resource management, administration support and payroll services, the registered manager told us enabled them to focus more specifically on the delivery of person centred care.