

Regal Care Trading Ltd

# Ashley Court Care Home

## Inspection report

Reservoir Road  
Kettering  
Northamptonshire  
NN16 9QT  
Tel: 01536 482777  
Website: [www.regalcarehomes.com](http://www.regalcarehomes.com)

Date of inspection visit: 24 February 2015  
Date of publication: 31/03/2015

### 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

This inspection took place on the 24 February 2015 and was unannounced. The service is registered to provide nursing and personal care to 38 older people with physical disability, dementia and sensory impairment. At the time of our inspection there were 37 people living there. The premises are purpose built and provide facilities for people with disability.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received a thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough staff available to meet their needs and there was a stable staff team.

# Summary of findings

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Peoples' care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People received support that maintained their privacy

and dignity and systems were in place to ensure people received their medicines as and when they required them. People had opportunities participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care.

People had confidence in the management of the home and there were robust systems in place to assess the quality of service provided. Records were maintained in good order and demonstrated that people received the care that they needed.

# 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 safe.

Systems were in place to promote peoples' safety and they were protected from avoidable harm.

Risk was well managed and did not impact on peoples' rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good



### Is the service effective?

The service was effective.

People received care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing any care and were aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services.

Good



### Is the service caring?

The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

Peoples' privacy and dignity was maintained.

Good



### Is the service responsive?

The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good



### Is the service well-led?

The service was well-led.

The management promoted a positive culture that was open, inclusive and empowering.

Good



# Summary of findings

There was good visible leadership in the home; the registered manager understood their responsibilities, and was well supported by the provider.

Robust quality assurance processes were in place.

Robust records and data management systems were in place.

# Ashley Court Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 February 2015 and was unannounced. The inspection team comprised two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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. We also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services.

During our inspection we spoke with ten people who used the service, six relatives and ten staff, including care staff. We also looked at records and charts relating to three people, we viewed three staff recruitment records and we observed the way that care was provided.

Also during our inspection we used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe living at the home and people looked relaxed and happy in the presence of the staff which indicated they felt safe.

One person said, "I feel very safe here the staff are good and I can go out if I want to and someone will come with me" another person said "The staff are all kind to me and I am safe and I feel comfortable". One relative said "My relative is safe here she looks well and has put on weight." Other relatives said "Mums been here for a few months and I am happy with her care, she is safe here" and "They [staff] keep me informed of any changes, she is safe and well looked after".

Staff were aware of their roles and responsibilities in protecting people from harm and were able to raise concerns directly with the provider; they were also aware of the provider's 'whistleblowing' procedures. One member of staff said "I have to report bad practice as bad people should not be caring for vulnerable people." Staff had also received training in safeguarding; staff were able to talk confidently about the various forms of abuse and what action they would take if they had any concerns. One staff member said, "I am responsible for the people I care for and must report everything."

The provider had robust recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained the required information.

Staffing levels were regularly assessed and maintained at safe levels. One person said "There are plenty of staff here." Staff told us that staffing levels were good and they were calculated according to the needs of the people who used the service. Staff told us that there was a stable staff team and confirmed there were sufficient staff on duty at all times. One member of the care staff said "We never work short staffed one of us will always come in." Another staff member said, "It is much safer to use our own staff who know the residents rather than agency staff who do not." Staff had sufficient time to provide one to one support and spend time engaging with people on an individual basis. A

relative said "I am always popping in and the staff are great, I know them and they treat my mum well". Individual plans of care confirmed that people's needs were assessed and used to calculate appropriate staffing levels.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with detailed instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls.

Staff promoted people's independence and maintained their safety by intervening when needed. For example people were reminded to use their mobility aids when they moved about or were prompted to drink adequate amounts of fluid.

People were provided with appropriate pressure relieving equipment and staff supported people with poor mobility to change their position regularly, to reduce the risk of damage to the skin. Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were not able to mobilise independently. Staff used appropriate movement and handling techniques and good communication skills when supporting people to change their position. One person said "I have help to get in and out of bed and the staff use the hoist and I feel quite safe when they use the equipment and I am quite happy here."

The staff also told us that equipment was maintained in good working order and accident records showed that there were no accidents or injuries relating to the environment or equipment. Individual plans of care also contained individual personal emergency evacuation plans for use in an emergency situation.

When people had falls or other accidents they received prompt attention and were followed up at regular intervals in case of delayed signs of injury. People were also referred to other health professionals; for example people with a history of falls were referred to the GP and NHS Falls Prevention Service to reduce the risk of further falls.

## Is the service safe?

Medicine systems were safe and people had sufficient supplies of their prescribed medicines. Staff told us that only staff trained in the administration of medicines carried out this task. Staff training records showed that senior staff had received this training.

Medicines were supplied either in a pre-packaged monitored dose systems (MDS) prepared by the pharmacist

to reduce the risks of error or in individual containers. Checks on a sample of the medication administration records demonstrated that people's medicines had been given as prescribed. We found there were robust systems in place for ordering, storage, administration, recording and the disposal of all medication, including controlled drugs.

# Is the service effective?

## Our findings

People were provided with effective care and support. One person said: "It's lovely here, I like it" another person said "The staff communicate well and I feel happy and safe here."

Staff told us they received training in the areas needed to support the people they cared for. One member of staff said "I work in the kitchen but I am included in all the mandatory training and can use the hoist and I do assist residents in the morning."

New staff told us they received formal induction training that had provided them with the required skills and knowledge to meet people's needs. Staff told us that the induction training was followed by a period of supervision where new staff worked alongside more experienced staff. A new member of staff said, "The staff are so friendly I don't feel afraid to ask for help." Another new staff member who had worked in care before said, "I found the induction training to this home's way of working to be very useful."

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as infection control and movement and handling. One member of staff said "We are all registered for electronic learning which we can do at our own pace." The registered manager told us she could access the staff training electronic training files and could follow-up with competency tests for individuals or staff groups. Staff told us that they received regular staff supervision from their line managers to ensure they were supported in their roles and in their development and that they had an annual appraisal of their performance.

Communication systems in the home were well established; there were detailed electronic staff handovers at the start of each shift so that information about any changes to people's needs were passed between shifts. Two relatives said "They [staff] are very good at letting us know if there are any health issues and they phone and update us" and "I have no problem with the way the staff communicate with me about my Mums health and we attend the meetings that are held."

Staff were attentive to people's needs and supported them effectively when they became unsettled or distressed. We also saw that staff used different techniques to enable

them to communicate effectively, one member of staff said "I observe body language to identify when someone may be unsettled or distressed and I am then able to reassure them".

Peoples' views were sought and their consent was obtained before any interventions were made; for example people at risk of falls from their bed had provided consent for the use of bedrails and others had consented to the use of wheelchair safety belts. The manager was knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They confirmed there had been two applications to the local authority for authorised DoLS relating to the safety of people who may leave the home without adequate support. The required documentation was in place to demonstrate that the appropriate process had been followed and that we the commission (CQC) had been notified.

People were complimentary about the food provided. One person said, "I can have a drink if I want to and I have choices of what I eat and drink" another person said "You don't go hungry here, we have plenty of food." Catering staff told us "The budget for the kitchen is very good we never have a problem with having to cut back on good nutrition." Staff told us the food was prepared from fresh produce every day. People were able to select their choice of meal on the same day; a member of staff said "If someone changes their mind about their order we can offer them another choice, we are very flexible." People were also able to eat at their preferred time for example they could have their main meal at lunch time or in the evening. Staff also said "The residents can choose where they eat, some like to eat in their room most people like to sit either in the upstairs or downstairs lounge at the tables. It is quieter upstairs "Also they can choose to eat in the café. "Staff told us people who required special diets were catered for they said "We don't have anyone with any food allergies at present and we flag up those who have diabetes. We have sugar free products such as diabetic jam and ice cream." Pictorial menus were displayed in lounge areas to remind people of their choice. Menus offered people a varied seasonal selection of food with a variety of options at each service, including vegetarian food and special diets. We observed the lunch time service; the food was served at an appropriate temperature, was of an adequate portion size and looked and smelled appetising.



## Is the service effective?

Staff were aware of people's individual needs and preferences and those who required support from the staff were assisted with patience and sensitivity. The atmosphere in the dining room was calm and relaxed. Records showed that when people were identified as being a nutritional risk their food and fluid intake was monitored to ensure adequate intake to reduce the risks of complications such as infection. People were weighed regularly according to their individual needs and their nutritional risk was regularly reviewed. People who had been identified as being at risk were referred to the dietician and were in receipt of food supplements.

People had access to NHS services; visiting professionals told us that they had no concerns about the care provided at the home; they told us the staff contacted them appropriately and always knew the needs of people who used the service. Records showed that people also had access to a range health professionals including podiatrists, speech and language therapists and general practitioners.

# Is the service caring?

## Our findings

People were cared for by staff who were kind and compassionate towards them. All of the people we spoke with told us that staff were kind and concerned for their welfare. For example one person said “I have my hair done every week, I like having my hair done and I always like to wear my makeup and look nice and I am having a birthday party next week”. Two relatives said “It is wonderful; they look after my relative well.” And “The staff also have time for me, and they bring me a cup of tea.” A visiting professional said “I have no concerns, I would not work in a home that was not a kind and caring environment, the staff look after the residents well.” A member of the care staff said “I love it here! I love to help people and all the staff are the same; we aim to make people feel special”.

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff were swift to respond; they comforted them and took time to understand the cause of their distress. Staff were skilled in communicating with people for whom they cared. For example staff approached people from an angle they could be seen; they also approached people with smiling faces, provided good eye to eye contact and open body language. They also addressed people by their preferred name and used touch to engage and reassure people. This provided people with a calm environment; people were contented and had confidence to initiate contact with staff and other people who used the service.

People felt listened to and their views were acted upon. One person said “The staff treat me with respect and they are kind.” Staff treated people as individuals, listened to

them and respected their wishes. For example a member of staff offered a person a bath; when this person declined, their views were respected and we saw staff offer a bath again later in the day. A member of staff said “I try to involve people in their care and I ask people to make choices about what they wear.”

People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing. The individual plans of care were tailored to meet people’s individual needs and contained life histories so that the care provided could support their previous lifestyles. For example menus had been developed to include food that reflected peoples’ cultural needs.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. One person said: “I come and go at all times as I work shifts and that is not a problem, I visit my mum regularly and we can meet up in the café, where we have a cup of tea or in her room if she prefers. I can move around the home freely and the staff are very welcoming.” A member of staff said “Residents can see their visitors either in their rooms or in the lounges; they have the choice it’s whatever suits them best.” During the inspection we saw visitors coming and going freely. A visiting relative said “The staff are all so nice and caring.”

Peoples’ privacy and dignity was respected, staff referred to people by their preferred name and personal care was provided in the privacy of people’s own rooms. Staff knocked on people’s doors before entering their rooms and people were able to have a key to their bedrooms if they wished. There were quiet areas where people could be alone if they wished.

# Is the service responsive?

## Our findings

People were involved in planning their care if they wanted to be and were able to make decisions about their care. For example people were able to choose how to spend their time, whether to engage in the planned activities and make decisions about their personal care routines. One person said “I can go to bed when I feel like it and get up when I want to; there is no one that tells me I must get up at a certain time. I need help to have a shower or bath and I can have one at any time.”

People were assessed before they went to live at the home, to ensure that their individual needs could be met. A relative said “Before my mum was admitted a full assessment was done, they took a history of her likes and dislikes and they always ask if there is anything we should know about to make her more comfortable”.

Individual plans of care were developed specific to the person concerned and these contained detailed instruction to staff about how people were to be supported. These were reviewed on a regular basis or as people’s needs changed. People’s daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care. Staff were responsive to people’s needs; one person told us they used the call system at night and staff always responded promptly. We also noted that during our inspection call bells were answered promptly.

People told us that there were planned activities that they could engage with if they wished. One person said “There is plenty going on and we have activities in the café, we play bingo and make Easter cards, there is always something going on.” We saw that people also had access to one to one support for example; one of the care staff was sitting and reading to a person who used the service.

A member of staff said “We have purchased a bingo machine which shows the residents a large electronic number so it is easier for them to see.” And someone is going to have a birthday soon, they like Elvis, so we are having a themed Elvis party.” Another member of staff said “There are also areas that are themed; for example we have a beach area that some residents like to sit in and we have a room that has been fitted out as a café.” Staff also said

“The garden is very nice and it is a very sunny space, sheltered in the summer and residents like to sit out there when the weather is nice. Those that like gardening can also do the gardening and plant plants in tubs.”

People were supported to maintain their independence; staff encouraged people to select the music that they preferred; a member of staff said “We recognise individual tastes not everyone likes to listen to Vera Lyn and Glenn Miller.” One person said “I go and get the paper in the morning.” Another person said “The care staff will take me out to the shops.” People had access to aids and adaptations to support their mobility, such as walking frames and wheelchairs. We also saw that the service had specialist signage that was designed to support people who were living with dementia to access different areas of the home, such as their bedrooms and the bathrooms. New dementia friendly handrails and lavatory seats had been fitted to further assist people living with dementia to orientate themselves. People told us they could personalise their bedrooms. A relative said, “It has helped mum to have so many of her own things about her.”

People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One person said “I know who to talk to if I have any concerns, I speak to the manager.” Another person told us “I have no complaints the manager always comes round and speaks to us, they are very good here”. The provider’s complaints policy was on display within the home and contained the relevant contact details and timescales for acknowledgement and response. A copy of the complaints procedure was given to people who use the service and their representatives when they moved to the home.

Staff were aware of their roles and responsibilities in listening to people’s views and reporting any concerns through their managers. One member of staff told us we are also informed about raising any concerns about the residents care and I would go straight to the manager if I had concerns or I could report it to head office”. The complaint file showed that there had been no complaints about the service since our last inspection. However previous complaints had been managed in line with the provider’s policy; robust investigations had been

## Is the service responsive?

conducted and opportunities for the development of the service and learning took place as a result of the findings. There were a number of compliments made about the home in the form of thank you cards and e-mails.

# Is the service well-led?

## Our findings

The service had a positive inclusive culture; people were treated as individuals and were empowered. For example the service had signage and facilities to promote the independence of people who were living with dementia. The provider had materials in place to inform people about the service for example there was complaint leaflet that had been produced in large print so that it was easier for people to read and the daily activities programme listed activities that people were able to choose from.

People were involved in the running of the home; records showed that the manager held meetings for people who used the service and their relatives about things that were happening in the home. For example the introduction of an electronic record keeping system whereby staff used small mobile phone like devices to record the care that was.

Regular staff meetings were held and staff had regular supervision which provided them with opportunities to raise concerns and to question practice. The provider had a telephone number displayed in the home so that people and staff could raise any concerns directly. The manager had an open door policy so that anyone could share their views or raise any concerns with senior staff. The deputy manager also worked alongside other staff to promote good leadership and the quality of care. This kept senior staff aware of the day to day culture of the service and also provided management support for staff.

The provider's vision and values were defined within their 2014 /2015 business plan which includes the aim of providing high quality care in a homely and family friendly atmosphere. The aims and values of the service were included and identified a strong commitment to ongoing development of the service and quality improvement.

The service had a registered manager who has provided people who used the service and the staff with stable management. People told us they thought the service was well run and that they had regular contact with the registered manager.

People who used the service, relatives and staff all told us the service was well managed. One person said "The manager is friendly and approachable" and "This place is good due to the management and the staff team." A relative said "I can go the manager about anything and I know it will be sorted." Staff said "The manager has got it right; she's friendly but not too friendly." And I have worked here for many years; the manager leads the team well.

The management had established links with the local community including the local churches to enable people to maintain their faith. The activities co-ordinator also liaised with local churches to gain their participation in festive celebrations such as Easter and Christmas. The service had also established links with the local community through fund raising events.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

There were robust quality assurance systems in place. The management conducted a range of internal audits for example, the analysis of accidents records to identify risk factors and trends; the management of medicines, infection control systems and staff training. Action plans were put in place to address any opportunities for improvement. The provider had also conducted a range of recent surveys, involving people who used the service, relatives, staff and other professionals. All the responses indicated a good level of satisfaction with the service provided; for example 100% of responses indicated that people felt safe and were treated with dignity and respect.