

Regal Care Trading Ltd

Ashley Court Care Home

Inspection report

Reservoir Road
Kettering
Northamptonshire
NN16 9QT

Tel: 01536482777

Date of inspection visit:
03 September 2019
04 September 2019

Date of publication:
03 October 2019

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Ashley Court Care Home is a residential care home providing personal and nursing care to up to 38 people. At the time of inspection 31 people were using the service, many of whom had dementia care needs.

The accommodation is on two floors. Communal areas included a lounge and dining room on each floor, and quiet areas.

People's experience of using this service and what we found

Risks to people's safety were assessed and reviewed. However, the service provides care for people living with dementia and at times having a heightened confused state. Thickening powder, (used to thicken liquids for people with swallowing difficulties) and denture sterilising tablets were found within people's reach. This presented risks that people may accidentally ingest them. The registered manager had these items removed immediately and provided reassurances that all such products are now stored safely away.

People at high risk of falls that spent time in their bedrooms did not have staff call bells available. We also found floor sensor mats and a walking aid were not placed within easy reach. This meant falls risks were not being appropriately managed. This also increased the risk of social isolation as people in their bedrooms had limited means of summoning staff assistance when required. Soon after the inspection the registered manager confirmed that call bells had been installed in the bedrooms. In addition, an emergency staff meeting had taken place to stress the importance of people in their bedrooms always having access to call bells, floor sensor mats and walking aids.

People received support that was caring and compassionate. Staff received induction and ongoing training and had the skills and knowledge to provide good care. People were supported to eat and drink enough, have a varied diet and a positive mealtime experience. Staff supported people to live healthy lives and access health care services when required.

People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff were knowledgeable about people using the service, their needs and preferences. People and staff had good relationships with each other. People, and relatives where appropriate, were involved in the planning of their care and support.

Staff respected and maintained people's privacy and dignity. However, no privacy locks were available on the doors of communal WCs, shower/bathrooms or en-suite toilet facilities. During the inspection this was brought to the attention of the registered manager. They immediately arranged for suitable privacy locks to be fitted to these areas throughout the home.

Care plans were comprehensive and supported staff to provide personalised care. A range of activities were on offer which people were encouraged to be involved in. Complaints were dealt with promptly and there was a system in place to support this. The service will further develop their end of life conversations with people and their relatives.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken, and improvements made when required.

There were positive working partnerships between the service and other health and social care agencies. Staff felt well supported by the registered manager. They were confident that issues arising would be addressed promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we received about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ashley Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one 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.

Service and service type

Ashley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, chef, housekeeper, activities coordinator and care staff. We also spoke with three health professionals who visit the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Each person had a range of risk assessments in place. Staff were aware of what they needed to do to manage risks to people's safety and welfare, however this guidance was not always followed. For example, thickening powder, (prescribed to thicken liquids for people with swallowing difficulties) and denture sterilising tablets were left within people's reach. The service provides care for people living with dementia and at times in a heightened confused state. This presented risks of people accessing the items and accidentally ingesting them. The registered manager had the items removed immediately and provided reassurances that all such products were now stored safely away.
- People at high risk of falls that spent time in their bedrooms did not have staff call bells available. Floor sensor mats were in place, which were linked to the call system (to alert staff when a person at risk of falls was mobilising unaided), and a walking aid, however they were not placed within people's easy reach. This meant falls risks were not being appropriately managed; also the risk of isolation was increased due to people in their bedrooms not being able to summon staff assistance when required. Following the inspection, the registered manager confirmed call bells had been installed to bedrooms, and an emergency meeting had taken place with staff to stress the importance of floor sensor mats and walking aids always being placed within people's reach.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and relatives told us they felt Ashley Court Care Home was a safe place. One person said, "This is the safest place I have ever been, safer than my own house." A relative said, "It's peace of mind. We at home sleep well knowing [relative] is safe and well looked after."
- People and staff knew who to speak to if they were worried about anything. They were confident any concerns they raised would be dealt with properly. Staff had received training in safeguarding and whistleblowing and knew how to identify and report concerns about people's safety and welfare.
- The registered manager understood their responsibilities and reported safeguarding concerns to the relevant agencies. Safeguarding investigations evidenced that the provider completed thorough investigations. A safeguarding reporting flowchart was available in the main office for staff to follow in the event of any concerns being raised.

Staffing and recruitment

- There were enough staff on site to keep people safe, and feedback we got from people and relatives was that staffing levels were consistent.

- Staff told us they felt staffing levels were appropriate to meet the needs of people using the service. We observed staff responding in a timely manner to people's requests for assistance.
- The registered manager told us they have a permanent staff team, including bank workers, and there have little or no need for temporary agency workers.
- Safe recruitment and selection processes were followed. We looked at four staff files which contained sufficient evidence of the provider carrying out suitable recruitment checks.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Staff were knowledgeable about the medicines prescribed for people using the service, including anticipatory medicines prescribed to provide pain relief and ease distress for people receiving end of life care.
- Systems were followed for ordering, receiving and storing medicines. Medication administration records (MAR) were accurate and regularly audited.
- Staff followed the protocols for administering medicines prescribed to be taken 'as and when required'.

Preventing and controlling infection

- Staff received infection control training. They had appropriate personal protective equipment (PPE) available to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing personal care and when handling food.
- The environment was clean and hygienic, domestic staff were observed cleaning rooms and communal areas throughout the day. The toilet area on the upstairs floor had no means of natural ventilation and would benefit from additional ventilation and/or air freshener.
- Infection control audits were carried out to make sure infection prevention and control procedures were being followed. The kitchen area in the service, where all food was prepared, had been awarded a five-star food hygiene rating by the local authority in March 2019.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Falls were monitored and analysed monthly to identify themes or trends. Action taken at the time of each fall and the follow up were clearly recorded, for example, referral to other professional services such as the local falls advisory service.
- Accidents and incidents were appropriately recorded and regularly reviewed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the service to ensure they could be met. These assessments could be improved by consideration of protected characteristics under the Equality Act such as religious and cultural needs.
- We saw people's care plans were kept under regular review, including when their needs changed.

Staff support: induction, training, skills and experience

- People were supported by staff who were sufficiently qualified, skilled and experienced.
- Staff told us, and records confirmed that induction training and on-going refresher training was provided for all staff. One member of staff said they did, "loads and loads of courses" which were relevant and helpful.
- One relative said, "The carers know all [relative's] needs, they know just by a look if they had a good night sleep, if they are in pain or something is not quite right. There is no training for that kind of skill, that is what this place is very good at." Another relative said, "This is a happy place with very good support. The staff are superb and that is what matters the most."
- Staff told us, and records showed they received supervision and support to review their performance and further develop their knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a varied diet. The chef had detailed knowledge about people's food preferences and dietary needs. This information was available for care staff to refer to. For example, people that followed a vegetarian diet, people with food allergies/intolerances and people that required soft and pureed meals. The information was detailed and person centred, for example, one person liked their food served on a hot plate and another liked plenty of gravy on their meals.
- People were offered daily choice in their menu. We saw a variety of fresh food being prepared. People had drinks and snacks in between meal times.
- Monitoring of food and fluid intake was carried out when required and this was noted in people's care plans.
- People told us they liked the food. One person said, "The food is very good. I eat everything that's on my plate. I know I can ask for other things to be made but so far I enjoyed every meal."

Staff working with other agencies to provide consistent, effective, timely care

- Health professionals confirmed staff promptly informed them of arising health issues. This meant they could treat people's health needs in a timely and effective way. They told us they had positive working relationships with the registered manager and staff in the service. One professional said, "[staff] are really great in here."
- Care plans included the contact details for a range of health and social care professionals. People's health and social care needs were set out clearly in their care plans, along with a record of appointments with health professionals.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and contained furniture and other items that belonged to them.
- Communal areas in the service were welcoming and well used by people. The communal areas had been recently decorated and people had been involved in choosing the colour schemes. Quiet areas were available for people to use. There was an accessible and colourful garden with outdoor seating.
- The provider needs to further consider additional enhancements to assist people living with dementia. For example, signage, use of colour, photographs, music, personal memorabilia, all of which can aid orientation around the building.
- Plans were in place for an additional floor to be added to the building which had been discussed with people using the service and their relatives.

Supporting people to live healthier lives, access healthcare services and support

- We sat in on the staff midday handover. Comprehensive information was shared between staff regarding people's daily care needs. For example, important updates regarding the care and treatment of people that had received visits by the district nurse, changes to people's medicines, and people's food and hydration conditions.
- A visiting health professional said, "Ashley Court is one of the best care homes I visit, the communication and co-operation of the staff team is excellent."
- People's care plans showed they were supported to maintain good health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required.
- The registered manager had made DoLS applications to the local authority when it was in people's best

interests to ensure their safety.

- When people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Care files included consent forms which had been completed to ensure information about people was stored and shared appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and staff told us that people were cared for well. One person said, "The carers are ever so kind and gentle", and another commented, "I am very happy with my care. I like all [care staff] who are working here and helping us. They know me well and I know them well. They call me 'darling', of course I don't mind, it's been a long time since anybody said something nice like that to me". A relative said, "The staff could not have been kinder or more caring to my relative; I cannot praise them enough". Another said, "The carers are polite, caring, gentle, they work well as a team and they listen. My relative likes them all."
- Staff were knowledgeable about the people they cared for. Staff valued people as individuals. They spoke about people warmly and respectfully and were observed to be compassionate and caring in their interactions.
- The registered manager promoted diversity and inclusion, and information was displayed in the reception area where it could be seen by everyone who visited the service. Staff received training in equality and diversity and were aware of people's diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and relatives were also involved.
- An activities coordinator planned a variety of group and individual activities considering people's abilities and preferences. A relative said staff, "encourage [relative] to participate as much as they want, we could not believe how much [relative] enjoyed the event last week, they were all smiles, dancing, giggling... and they have the freedom to do whatever they want."
- Minutes from resident and relatives' meetings were posted on the notice boards. The discussions demonstrated people and relatives had opportunities to share views and make suggestions about the service.
- Care records included information about people's life histories and their preferences. Staff knew about people's individual needs and interests. One person enjoyed playing the piano and arrangements were being made to have their piano brought to the service. In the meantime, a portable keyboard was in the reception area which the person took great joy in playing at various points throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- There were no privacy locks on the doors of communal WCs, shower/bathrooms or en-suite toilet facilities in people's bedrooms. During the inspection this was brought to the attention of the registered manager.

They immediately made arrangements for suitable privacy locks to be fitted to these areas throughout the home.

- One relative said, "[Staff] are very respectful of my relative's dignity which gives [Name] a warm feeling they are with friends and has their support." Another relative commented the care staff always knocked on their relative's door before entering and always asked the person before undertaking any personal care tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff delivered personalised care that met people's needs. One person said, "I do have preferences for carers, not every day, but staff know who I like, and I am grateful for that. I get tired very quickly so carers who I like take their time and they never rush."
- Care plans were personalised and contained information about people's personal and family history, interests and preferences. They were developed with people and their relatives/representatives when they moved into the service and reviewed regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's individual communication needs. This included information about communication aids used by people, such as hearing aids.
- The registered manager understood the Accessible Information Standard. They confirmed they would be able to provide documents and information in accessible formats to people using and visiting the service

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in contact with family and friends in person as well as using technology such as social media.
- A programme of activities was in place for groups and on a one to one basis. People told us they enjoyed the activities. The activities coordinator was passionate about improving people's lives and arranging meaningful activities. They told us about a range of craft, baking, exercise, social and other activities that people participated in.
- Activities included people coming into the service to deliver religious services and someone who regularly offered yoga and sensory exercises. One relative said, "There is (an activity available) for every taste and interest. They [staff] are trying to do everything possible to engage people and make time more passable and interesting."
- Relatives and people told us there were no restrictions on visiting times. Some relatives wanted to continue to be involved in delivering care to their loved ones, and this was supported by the service.

Improving care quality in response to complaints or concerns

- Information was available throughout the service on how to raise any concerns or complaints.
- Records of complaints showed the provider took complaints seriously and conducted investigations. One relative said they were dissatisfied with how several complaints they had raised had been dealt with. In discussion with the registered manager they confirmed some complaint investigations were still ongoing. Another relative confirmed they felt complaints they had raised had been dealt with appropriately and this had led to a better working relationship with the registered manager.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- Care plans clearly recorded when a person had a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR-CPR) decision in place.
- Not all care plans recorded the wishes of a person regarding their end of life care, for example, funeral wishes, religious or spiritual needs and how they would wish care to be provided towards the end of life. The registered manager said this was an area they planned to develop further so that people and their families could be supported to openly discuss and express their end of life wishes if they wanted to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received individualised care that was based around their needs and preferences.
- The registered manager and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.
- People and staff were positive about the management and leadership of the service.
- There was an established and reliable staff team who took pride in providing care and support to people using the service.
- One relative said, "The registered manager is very easy to talk to and we see her often. Management treat everybody as family." One person using the service said, "I know who the manager is, she is very nice, and she sees that everything is run here alright. Sometimes she knocks on my door and asks how I am."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider carried out investigations into complaints brought to their attention. Records showed that where mistakes were made an apology was offered, and lessons learnt were shared with people using the service, relatives and staff.
- Routine audits and checks took place to ensure people continued to receive high quality care. Where issues were identified, the registered manager and provider acted to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager worked in an open and transparent way. The provider submitted notifications of significant events, such as incidents and accidents, deaths and events that stop the service to the Care Quality Commission (CQC) in a timely manner.
- Audits were carried out to monitor the quality of the service. The registered manager had recently worked with the local authority to develop better processes and action plans were being used successfully.
- The registered manager was aware of their regulatory responsibilities and took these seriously. They responded promptly and positively to feedback throughout the inspection.
- The rating from the previous CQC inspection was displayed within the service and on the provider website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had opportunities to share their views about the service. Minutes of resident meetings were on display and showed people were consulted about ideas for the service such as menu planning, activities and ongoing refurbishment and redecoration at the service.
- Staff said they were supported to share their views about people's care directly with the registered manager and in staff meetings. They told us they felt encouraged to share ideas to further improve the service. One member of staff had suggested that people may benefit from two sittings at lunch time to accommodate the needs of more able people and people who required support. This had been successfully implemented.
- The registered manager promoted positive team working. There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- People's care plans were regularly reviewed to ensure the care provided was appropriate.
- Management reviews were carried out on all aspects of the service, from activities to the environment, to ensure people received the best care possible.

Working in partnership with others

- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. Recent recommendations made by the local authority through their quality monitoring activity had been acted upon promptly.
- People were supported to use local health services and be part of their local community.
- Staff worked closely with other health professionals such as district nurses, GPs and community nurses. Visiting health professionals told us that communication from the service was responsive and effective, and positive working relationships were in place.