

Ashbourne Court Residential Care Home Limited

Ashbourne Court Care Home

Inspection report

Ashbourne Close
Ash
Aldershot
Hampshire
GU12 6AG

Tel: 01252326769

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ashbourne Court is a care home providing personal care to up to 16 older people. At the time of our inspection there were 12 people living at the service. Accommodation is provided over two floors which are accessible using a stair lift.

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

Feedback we received showed that staffing levels had varied over the past year. The registered manager told us these concerns had now been addressed. We have made a recommendation regarding the on-going monitoring of staff deployment to ensure there are sufficient staff available to meet people's needs. Risks to people's safety were assessed and monitored and people received their medicines in line with their prescriptions.

People had access to healthcare professionals and advice provided was followed. People's nutritional needs and preferences were known to staff and people told us they enjoyed the food provided. People were supported to have maximum choice and control of 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 received training and supervision to support them in their roles.

There was a positive and friendly atmosphere in the service. Staff treated people with kindness and respect and had a good knowledge of each person's life history. A range of activities was available to people and staff spent time with people in their rooms where this was their preference. People's independence was encouraged and support provided to maintain contact with those important to them.

The registered manager worked alongside staff which enabled continual monitoring of the service. Audits and surveys were undertaken to monitor quality and advice sought from external organisations. People, relative and staff were involved in the running of Ashbourne Court.

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 23 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Ashbourne 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 team consisted of two inspectors

Service and service type

Ashbourne Court 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

This inspection was unannounced.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us 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

As part of our inspection we spoke with two people who lived at Ashbourne Court and two relatives. We observed the care and support provided to people. We also spoke with the registered manager, three staff members and two visiting professionals. We reviewed a range of documents about people's care and how the home was managed. We looked at four care plans, five staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- During our inspection we observed people were supported by sufficient staff and their needs were responded to promptly. However, rotas showed that the same staffing levels had not consistently been in place. The registered manager told us this had been due to staff shortages which had been resolved through the use of a regular agency staff member and successful recruitment.
- Relatives and visitors to the service had varying views on staffing levels. One relative told us, "I'm not always sure there are enough staff around, I think it might be safer if there was another one around." One professional who visited the service told us, "Everyone seems well cared for. I sometimes think there aren't enough staff around. It's a bit up and down." Others were more positive regarding staffing levels. One person told us, "If I press my bell then staff come quickly to see me," One relative said, "There always seems to be enough staff. They don't seem rushed and have time to stop and have a chat."
- The views of staff also varied. One staff member said, "We could do with one more sometimes so we have time to be with people. It's okay when there's three." A second staff member said, "I feel I have enough time to deliver the personal care that I need to without people missing out on any time."

We recommend the provider ensures that sufficient staff are consistently deployed in order to provide people with safe, effective and responsive care.

- Robust recruitment processes were followed. Checks were carried out as to the suitability of applicants in line with legal requirements.

Systems and processes to safeguard people from the risk of abuse

- People appeared relaxed in the company of staff and relatives told us they believed the service was safe. One relative said of their family member, "She's definitely safe here."
- Staff had received safeguarding training and were aware of how to identify and report concerns. One staff member told us, "I would go to (registered manager) if there was a problem, I would then go to the local authority, there is a file on safeguarding in the office with details of who to contact so this is easy to find."
- Where concerns had arisen, these had been reported to the local authority in line with requirements. Any requests made by the local authority for additional information had been provided.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and well-being were identified and measures implemented to minimise risks. Risk assessments covered areas including mobility, moving and handling, skin care and nutrition.
- Where people were at risk due to anxiety and behaviours, detailed plans to support them were in place. One person's records included guidance on how to support the person when anxious, activities they enjoyed

and conversations they may be interested in. Records showed that since living at Ashbourne Court, the person's anxiety had reduced.

- Accidents and incidents were recorded in detail and reviewed by the registered manager on a monthly basis in order to identify any trends. Action was taken to minimise risks following incidents. One person who had experienced falls now had a sensor mat in place to monitor when they got out of bed. This enabled staff to offer support quickly and minimise the risk of the person falling.

Using medicines safely

- Safe medicines processes were followed to ensure people received their medicines in line with their prescriptions. Each person had a medicines administration record in place which was fully completed.
- Staff had received training in the administration of medicines and assessments completed to ensure they were competent and confident. When administering medicines, staff took time to explain to people what was happening and checked medicines had been taken prior to signing to confirm they had been administered.
- Medicines were securely stored. The registered manager completed weekly audits of medicines to ensure any errors could be addressed promptly.

Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. Staff had received training in infection control procedures. Personal protective equipment, such as gloves and aprons, was used by staff when necessary.
- Cleaning equipment was colour-coded for use in different areas of the service such as bathrooms and kitchens. There were instructions for staff to follow regarding the use of cleaning equipment.
- The laundry area was tidy with specific areas designated for clean, dirty and soiled items in order to minimise the risk of cross-contamination.

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

- People's needs were assessed prior to them moving into the service to ensure they could be met. One relative told us, "We went through everything right at the beginning before she moved here. They wanted to know about everything Mum liked."
- Assessments included information regarding the care people required, medical conditions and health needs in addition to personal information relevant to their care.
- Nationally recognised tools were used to monitor people's health and well-being such as malnutrition screening.
- Systems were in place to ensure information was shared with relevant health and social care professionals involved in people's care. Internal communication systems such as handover between shifts and communication books ensured staff were aware of any important information relating to people's care.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff were skilled and received the training they required. One relative said, "I can't fault them. When they sent [family member] home from hospital with oxygen, they trained all the staff so they could do it."
- Staff told us they received an induction when starting work at the service which included completing the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.
- Training records showed that staff had completed a range of training to support them in their roles and staff confirmed this was the case. Training included moving and handling, dementia, food hygiene, safeguarding and medicines management.
- Staff told us they felt supported and received regular supervisions. One staff member told us, "I feel supported by (registered manager) and I can go to her with any problems."

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

- People were supported to have a varied diet and offered regular drinks. One relative told us, "Mum still likes her food and it always looks and smells nice." Another relative said, "The food looks okay and Mum eats it."
- People were offered a choice of food although due to the majority of people living with dementia a visual choice may be more meaningful to people.
- People received the support they required to eat and staff generated conversation between people at

mealtimes to create a pleasant atmosphere. Where people required their food to be of a modified consistency, this guidance was followed.

- People's weight was monitored and any significant variances reported to the person's GP.

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

- People lived in an environment which was suitable for their needs. The provider had recently purchased new furniture which was of an appropriate height and design to aid people sitting and standing safely.
- Adapted bathrooms were available and a stair lift in place to support people moving between floors. People's names were clearly signed on bedroom doors to help people identify their room. A large orientation board was displayed showing the day, date, weather and time.

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

- People had access to healthcare professionals as required. One visiting professional told us, "They're very good at judging when to call us and follow advice. They know their residents and are always able to answer questions about them." One relative said, "They will always call the doctor if anything's wrong and they always let us know what's happening."
- Records showed that people had access to a range of healthcare professionals. These included opticians, GP, district nurse, occupational therapist and chiropodist.
- Where advice was provided by healthcare professionals, this was known to staff and followed. One person had received an assessment from the speech and language therapy team recommending they had a pureed diet. We observed that staff followed this advice.

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.

- People's legal rights were protected and the principles of the MCA were followed. Capacity assessments and best interest decisions had been completed in areas including key-padded doors and consent to care being provided at Ashbourne Court. People's families and staff were involved in the decision-making process.
- When making decisions in a person's best interests, the least restrictive options were considered. One person had requested they be able to lock their room at night as this made them feel secure. However, there were concerns that the person would not respond in an emergency and that staff would not be able to check the person's welfare. A different lock was therefore fitted to the person's room to enable them to lock it but also enabled staff to override this to maintain the person's safety.
- DoLS applications had been submitted to the local authority as required. The registered manager maintained a DoLS register which showed when DoLS applications had been approved. The register showed that renewal applications had been submitted in a timely manner.

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 and their relatives told us they were treated well and staff were caring in their approach. One person told us, "Staff take care of me and are friendly." One relative said, "The staff are always good, friendly and caring. I know Mum likes them, she always smiles when she sees them."
- We observed staff treat people with kindness. Staff approached people in a calm manner and used physical touch to reassure people such as rubbing their hand or back.
- People's religious beliefs were respected. A church service was held at the service periodically and, where requested, a local priest was available to visit people.
- Staff offered reassurance to people when they were becoming anxious. Staff were seen to give one person a hug and then ask them to look after their dementia doll. The person took great comfort from this and spent time caring for the doll throughout the day.

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

- Staff were observed to offer people choices throughout the inspection. This included where people wished to sit, how they spent their time and what they wanted to eat.
- Relatives told us they were consulted about their loved one's care. One relative told us, "We have reviews so I can question anything if I need to." A second relative said, "We only recently went through the care plan again. They definitely keep us informed of everything. They will phone us or grab one of us when we come in."
- Care records evidenced that people and their relatives had been involved in reviews of their care plans and any comments made taken into account.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as much as possible. At mealtimes we observed people were encouraged to eat independently. Where required, adapted crockery was provided to support people. Staff encouraged people to mobilise around the service with support.
- People's dignity and privacy was respected. Staff knocked on people's doors and announced themselves before entering. One staff member told us, "I always ask if they want personal care. Sometimes they would like more time before personal care and so I come back. I always knock the door and ask permission to come in." A second staff member said, "I shut the door and draw the curtains (when supporting people with personal care). When having a wash, I will cover them up with a towel. Knocking doors before going in to ask permission is important."

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

- People, relatives and professionals told us the service responded positively to meet people's individual needs and wishes. One person told us, "They all look after me." One relative told us, "They know her really well. Mum always took care of herself and looked nice. They help her with all that. She always looks clean and well cared for." One healthcare professional told us, "Everyone seems well looked after and they get very few pressure sores. I'd recommend it."
- Each person had a detailed care plan in place which reflected their needs and how they preferred their care to be provided. Plans covered areas including personal care, mobility, emotional support, sleeping and activities.
- Information regarding people's families and life histories was available to staff and completed in detail. Staff we spoke to were able to tell us about people's past and the things they enjoyed. One person had a particular interest in music and staff were heard to say, "This is your favourite" when a particular song was playing.

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.

- Communication care plans were in place which guided staff on the most effective way to share information with each person. These included details such as if people required visual choices, the tone of voice staff should use and how the person was able to respond.
- Any sensory loss, such as sight or hearing difficulties, was included within communication guidelines to ensure staff were aware of the support the person required with this.
- Where people were unable to communicate verbally, guidance was available for staff regarding how they communicated through gestures, expressions and body language. One staff member told us, "You get to know them and what different things mean."

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's visitors were made to feel welcome. Staff greeted visitors by name and chatted with them easily. Relatives also used staff names and conversations heard demonstrated they knew people's relatives well.
- Technology was used to help people maintain contact with their loved ones. One person had been supported to download an app onto their mobile phone in order to keep in touch with their relatives. Staff

also supported the person to send emails to family members.

- A range of activities was available to people such as poetry reading, arts and crafts, quizzes, exercises, music groups and visiting entertainers.
- The activities co-ordinator had recently started working at the service and told us they were spending time getting to know people in order to further personalise activities. They told us, "I've started by finding books, poems and puzzles that match their interests." We observed people were supported to look through books of their choice and enjoyed this.
- Where people spent the majority of their time in their rooms, staff understood the need to spend time with them individually. One staff member told us, "We do one-to-one visits with people and I know the things that they will enjoy. I know (name) loves to talk to people so I know to go and talk with him which makes him happy."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Where complaints were raised these were investigated and responded to in line with the policy.
- Relatives told us they would be confident that any concern raised with the registered manager would be addressed. One relative told us, "If I had anything [of concern] I'd talk directly to (registered manager). She's always there to listen and we'd work it out between us."

End of life care and support

- Care plans were in place which detailed people's end of life wishes. This included where and how they wanted to be cared for. If people and their families had expressed they did not wish to go to hospital, this was respected by staff.
- Cards from relatives whose loved ones had been supported by the service reflected a compassionate approach to supporting people at the end of their life. A healthcare professional told us, "They're very good at end of life care. They get support and they're very caring."

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 now 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

- Relatives told us they felt the service was managed well and the registered manager was approachable. One relative said, "(Registered manager) is always around and friendly. She knows what's going on with everyone." Another relative told us, "(Registered manager) is always here. She keeps an eye on everything and is very reassuring. She does everything she can and keeps all the health people informed."
- The registered manager ensured that staff were updated when people's needs changed to ensure they received the support they required. Relatives were informed and fully involved in their loved one's care where appropriate.

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

- Relatives told us the registered manager and staff were open about accidents and incidents and ensured an apology was offered when things went wrong. One relative told us, "When Mum fell they told us straight away and apologised."
- Records showed that relevant people and services had been informed of incidents in order for them to monitor people's care and safety.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed on a regular basis to monitor the care provided to people. Systems audited included medicines, health and safety, infection control and call bell responses. Where action was required this was addressed immediately and staff informed of any changes.
- The provider had employed the services of a consultancy to complete a full audit in line with regulations. This had shown positive results, particularly regarding how the service communicated with healthcare professionals.
- Notifications of significant events were submitted to the CQC in line with requirements.

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

- Meetings were held involving people, relatives and staff. Discussions included any changes to the service and gave the opportunity for suggestions to be brought forward.
- Annual surveys were completed to gain the views of people, relatives and staff. Responses received were

positive. Comments included, 'Ashbourne Court has a wonderful atmosphere and the residents are treated with love and respect'. And, 'It all seems organised and well managed. I have asked questions when necessary and always received responses.'

- Staff told us they felt supported by the registered manager. One member of staff said, "I have had lots of support from (registered manager), she has been really supportive to me and has made me feel at ease."

Working in partnership with others

- The service worked alongside a range of professionals such as health and social care professionals and clinical commissioning group to ensure people received a holistic service. The registered manager told us, "We discuss different things we can do (with external visitors) so we can learn from each other. It's good to have other ideas and gives us a push."