

Four Seasons (Bamford) Limited

Ashbourne Care Home

Inspection report

Lightwood Road
Dudley
West Midlands
DY1 2RS

Date of inspection visit:
11 November 2015
12 November 2015

Date of publication:
26 January 2016

Ratings

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

Overall summary

This unannounced inspection took place on 11 and 12 November 2015.

At our last inspection in October 2014, we found that the provider was not meeting one of the regulations associated with the Health and Social Care Act 2008 which related to staffing. Following the inspection we asked the provider to take action to make improvements. The provider sent us an action plan outlining the actions they had taken to make the improvements. During this inspection we looked to see if these improvements had been made and found that they had.

Ashbourne Care Home is registered to provide care and treatment for up to 38 older people, some of whom may have dementia. At the time of our inspection there were 34 people living at the home.

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

People living in the home told us that they felt safe and that they were supported by staff who knew them well. Staff had been trained to recognise different types of abuse and were confident that if they raised any issues then the appropriate action would be taken.

We found that both the registered manager and the staff group knew the needs of the people living at the home and how to support them.

The provider had a suitable number of staff on duty with the skills, experience and training in order to meet people's needs. Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently.

Medicines were stored and secured appropriately. People told us that they received their medicines on time and that staff responded to their needs in a timely manner.

Staff obtained consent from people before they provided care. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) and were able to give a good account of what a Deprivation of Liberties Safeguard (DoLS) meant for people.

People were supported to eat and drink enough to keep them healthy and were offered choices at mealtimes. Staff were aware of people's individual dietary needs and provided discreet assistance at mealtimes, where required. People were supported to access a variety of healthcare professionals to ensure their health care needs were met and were assisted to see their GP as and when required.

People living at the home and their relatives told us that they felt the staff were very supportive and caring. Relatives told us they found the registered manager and the staff group very welcoming and approachable.

Staff were aware of people's likes and dislikes and how people preferred to spend their day and what was important to them. There were a number of activities planned during each week and work was ongoing to collect more information about people's life history in order to develop more person centred care.

People and their relatives told us that they had not had to raise any concerns or complaints but if they did, they knew who to speak to and were confident that they would be dealt with satisfactorily.

People living at the home, their relatives and staff alike, all thought that the home was well-led. They all spoke positively about the registered manager and the staff group. Visitors to the home felt welcomed and always listened to.

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.

People told us that they felt safe and that they were supported by staff who knew how to keep people safe from abuse and harm.

Staff were safely recruited to ensure their suitability and prevent people being placed a risk of harm.

People received their medicines as prescribed when they required them.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

People were supported to have enough food and drink and staff understood people's nutritional needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People told us they were cared for by staff who were kind and caring.

People felt listened to and were supported to make their own decisions.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People were cared for by staff who knew their needs, likes and dislikes.

People were supported to take part in group or individual activities.

People were confident that if they had any concerns or complaints that they would be listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

People told us they thought the home was well led and spoke positively about the registered manager.

Staff and people living there were able to contribute to the running of the home and felt they were listened to.

Audits were in place in order to regularly review the quality of the care received.□

Ashbourne 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 11 and 12 November 2015 and was unannounced. The inspection was carried out by one inspector.

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 reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people living at the home, four visitors, a health care professional, the registered manager, the deputy, two members of care staff, the activities co-ordinator and the cook. We also spoke with a representative from the local authority.

We looked at the records of four people, two staff files, training records, complaints, accidents and incidents recordings, medication records, and quality audits.

Is the service safe?

Our findings

At our previous inspection in October 2014 we found the provider was failing to have enough staff to safeguard the health, safety and welfare of people who lived at the home. We identified that there was a delay in people receiving care at the time they needed it due to inadequate staffing levels. On this our most recent inspection we found that the provider had responded to the concerns raised and staffing levels had increased. We saw that an additional role had been created to ensure people's care needs were supported in a timely manner. The registered manager explained to us, "We have an additional member of staff in the afternoon to meet the needs of people". We also saw that an additional member of staff worked across the home to assist staff where people required more than one person to support them. People and their relatives told us they had no concerns over staffing levels and we saw that there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner, a relative told us, "There is always someone in the lounge; the staff always make sure it is covered before they leave". A staff member said, "There are enough staff when they are all in, they've had a lot of sickness lately but they won't use agency staff; they try and get the existing staff to cover". We discussed this with the registered manager. She explained that recently there had been a number of staff off sick and that she was currently in the process of recruiting additional staff who could be called upon during times when additional cover was required.

People living at the home told us they were cared for by staff who knew them well and kept them safe. One person told us, "They keep me safe and make sure someone's in the lift with me when I'm going upstairs" and another person said, "I feel safe here, they [the staff] are a great gang". Relatives spoken with were confident that their loved ones were safe in the home.

People were supported by staff who had received training in how to recognise abuse and knew what to do if they witnessed abuse. One member of staff told us, "I've never had to raise a safeguarding, but if I did I would go straight to the team leader or the manager". Staff were able to describe to us the different types of abuse people may be at risk of and the processes they should follow. They were aware of who to raise their concerns with and if the manager wasn't available, who to contact.

We saw that people had risk assessments in place which identified the risks they were exposed to on a daily basis, and the best way to manage these. We observed people being hoisted safely and staff speaking to a person during the process and reassuring them. Staff were knowledgeable about the potential risks to people living at the home and were able to tell us how they supported people to keep them safe. One member of staff told us; "[Person] is at risk of falling, I always walk alongside them and reassure them".

We saw where accidents and incidents took place, these were logged, investigated and any lessons learnt. Following concerns raised regarding one person's care needs, their care plan and risk assessments were updated. We saw that instructions had been given to staff to ensure that the person was visually monitored by staff during their waking hours every 15 minutes, we observed this taking place, and documentation recording this.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work.

People told us they received their medicine when they needed it. One person told us, "No issues with medicines, always on time" and another person said, "I get all my tablets when I need them and they get the doctor in for me if I'm not well". We saw that medicines were stored and secured safely. We observed staff administer people's medicines and saw that they checked medicine, administered it and signed records to show it was given. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found that where people required their medicines to be administered in a particular way, or 'as or when required', there were protocols in place for staff to follow and staff were able to describe to us the instances when these medicines may be administered. We saw that weekly audits were completed and checks took place on a regular basis to ensure staff remained competent to administer people's medicines.

Is the service effective?

Our findings

People told us they were cared for by staff who knew them well enough to meet their needs. One person told us, "They know how to look after me, nothing is too much trouble" and a relative said, "They are very good with her, they know how to care for her. This is the best home she has been in, we are absolutely over the moon".

Staff spoke positively about the support they received from the registered manager and told us they felt the training they received ensured they had the skills to effectively support the people who lived at the home. A member of staff told us, "When I come on shift, I know what I am doing" and went on to describe their role and how they supported particular people living in the home. They told us they were provided with an induction which included shadowing another member of staff and that once the induction was over, they felt well equipped to go on shift and start supporting people. A person told us, "The staff are well trained and know their job" and a member of staff told us, "I get regular supervision and training and had additional dementia training from the in house team". They went on to describe how this assisted them in their role. Another member of staff told us, "We get lots of training but I prefer hands on training". We discussed this with the registered manager, she told us, "No two people learn the same way" and added that she tested staff learning by discussing training during supervision and staff meetings.

We were told by the staff we spoke with and we observed that effective communication was very important in the support they provided. We saw that staff talked to each other as they met to ensure they passed on information as to the whereabouts or needs of the people living in the home. A member of staff told us, "If you're off for a week, the senior will give you handover for the week and let you know what's been happening".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that there were two people living at the home who were being deprived of their liberty. The staff had identified these people and applications had been submitted to the Supervisory Body for authority to deprive these people in respect of this and had been agreed. Staff spoken with were able to tell us what this meant for the people living in the home and the impact it had on their daily living.

We observed that before supporting people, staff first obtained their consent and people and relatives spoken with confirmed this to be the case. A relative told us, "[Person] can make some decisions herself, they never push her into anything and always obtain her consent".

At lunch time, we saw people being supported to sit where they chose, to eat their lunch. Staff described to us how one person liked to sit at a particular table at lunchtime and the person confirmed this and told us, "I always sit in the top corner with our little gang". We saw that people were supported to have sufficient to eat and drink. One person told us, "The food is good, I have a full English breakfast on Sunday morning" and another person told us, "The food is bostin!". A relative told us, "They know what [person] likes, she has a choice at mealtimes and has put weight on". We saw that there was a four weekly menu plan and people were offered choices at mealtimes. The cook was aware of the dietary requirements of people living in the home and their likes and dislikes and people spoken with confirmed this. The cook told us, "Any changes and the senior in charge will let me know; they will write it in the diary in the kitchen". We saw that the cook also attended meetings with people living at the home and their relatives in order to discuss menu choices.

People told us and their families confirmed, that if they felt unwell, they were able to ask to see their doctor. One person told us, "Nothing is too much trouble. They got the nurse out and sorted me out this afternoon". They also confirmed they were able to see other healthcare specialists such as the dentist and the optician and we saw evidence of this in people's care records. One relative told us, "I've never had to arrange anything with the hospital; they arrange everything" and another relative told us, "If [person] is unwell; they keep me informed; I think they are brilliant".

One relative told us, "We feel [person] is safe here, she is well hydrated, never seen her without a drink". The staff we spoke with told us the importance they placed on monitoring the health of each person, as some people were not able to say if they felt unwell. They were able to provide us with a good account of people's healthcare needs and the signs to look out for if people were unwell. We saw that where staff had identified that person was losing weight, referrals had been made to the dietician. Advice had been given regarding this and both the cook and care staff demonstrated an awareness of this. A healthcare professional who regularly visited the home told us they had a good relationship with the staff and registered manager and complimented them on their knowledge of the people living in the home and added, "Any problems people have; they are very responsive. People don't get left too late; they are observant and pass on any issues to the nurse practitioner or the GP".

In the dementia unit, we found that efforts were being made to make the physical environment more suitable for people with a dementia type illness. We saw in the lounge area that furniture was set out in ways that would promote interaction between people to reduce the risk of feeling isolated. We saw new signage had been purchased and two members of staff had been identified as dementia leads and had been tasked to look at ways in which they could improve the environment. This meant that people would benefit from living in an environment that was as comfortable and homely as possible and was being improved in order to minimise any confusion or distress that people living with dementia may experience.

Is the service caring?

Our findings

People told us that staff were caring and kind. One person told us, "The staff are brilliant" and a relative added, "This is the best care [person] has ever had, it ticks all the boxes". We observed a number of acts of kindness where staff took the time to chat, comfort and reassure people or have a laugh and a joke with them. We saw a member of staff asking someone how they were, dropping down to eye level and asking them if they wanted some painkillers when the person told them they weren't feeling well. The person declined the offer, but accepted the member of staff's offer to raise their legs onto a foot stool to make them more comfortable.

We saw that as all staff walked through communal areas, they addressed people and passed the time of day with them. We observed that staff knew people well enough to have a laugh and a joke with them and we saw people enjoyed these exchanges. A relative commented, "Staff are a happy bunch, always considerate and they will tell us stuff about Mom".

Families described to us the homely atmosphere in the home, a relative told us, "You can visit at any time and they always make you feel welcome". We saw that people were encouraged to personalise their rooms, and a relative told us, "You can bring any bits and pieces in to make it more homely and the caretaker will put things on the wall when we are here".

People told us they felt listened to and they were involved in planning their care and support needs. One person told us "I can get up and go to bed when I want and I just tell them when I want a bath or shower".

People told us they were treated with dignity and respect. One person told us, "They always knock my door before coming in". A relative told us, "They treat [person] with dignity and respect, when she was ill they made her comfortable and explained to her what was happening". Another relative told us, "Mom goes to the hairdressers and has her nails done, she always looks nice, it is important to her to look nice and she does; so does her room". Staff told us how they ensured they maintained people's dignity, for example, by covering them with a towel when providing personal care. A member of staff told us "[Person] was a very clean person when at home, it was very important to him and we make sure that continues here". We saw that people were supported to observe two minutes silence to commemorate Armistice Day. Everyone in the home participated in this and stood in silence together in communal areas, including all staff and visitors.

We were told that no one in the home currently had an advocate, but if they required one it would be arranged for them and we saw information on display regarding this service.

Is the service responsive?

Our findings

Relatives spoken with told us and records showed, they were involved in their family member's care plans prior to them moving into the home and subsequent reviews. One person told us, "All staff are nice, they know how to look after me" and a relative told us, "We were fully involved in [person's] assessment and care plan; if we want a meeting we can have one; if there's anything wrong they will say 'can we have a quiet word?'" People told us they continued to be involved in their care planning and were able to contribute to their reviews, one person added, "I'd tell them if they didn't!" [involve them]

People told us that staff knew them well and knew how to provide their care and support the way they liked it. One person told us, "I think they [the staff] are brilliant, they support me the way I want" and another person told us, "I like to sit on the landing area on the first floor – it's a nice quiet area". Staff spoken with were aware of this and we observed them supporting this person to do this. Staff told us how important it was for them to deliver care to people the way they wanted, one member of staff described when they supported a particular person, "[Person] will give you a smile which means he's happy you're doing what you're doing".

We spoke with the activities co-ordinator who was working on a "my choices" booklet to obtain people's life history, preferences on how they liked to be supported and what was important to them. They told us, "The life story work is a big help when planning activities for people". We saw that activities varied on a daily basis. Staff spoken with were able to give a good account of people's likes and dislikes and what activities they liked to take part in. A relative explained to us that their family member loved a particular musician and staff had made a poster for this person for their bedroom wall. They told us, "They wanted to get Mom into music to stimulate her and have tried it with her. They have banter with her and she loves the entertainment and likes to join in". Another person told us, "They tell me what activities are going on and I can choose if I want to join in, I like listening to my music in my room" their relative added, "It's a good job he doesn't have to pay the electric bill he has his music on all the time!"

We observed people being invited and encouraged to take part in a game of skittles. Efforts were made to involve everyone in the room and we saw that people enjoyed this. For those who did not want to take part, staff involved them in the conversations about the game in order to make them feel included. Staff told us how one person enjoyed drawing and we saw that they were supported to do this. We observed a small group playing bingo with the assistance of staff and relatives. We were told arrangements were being made for children from the local school to sing Christmas carols at the home and for a number of people to visit to school and attend a Christmas party.

We saw that efforts were made on a daily basis to obtain feedback on the care provided from people living at the home as people did not always wish to attend or contribute in meetings. This one to one arrangement allowed staff to spend time with people and support them to have their voice heard. We saw that the feedback obtained was positive. One person told us [when asked if they attended the meetings] "I don't bother, they tell me what's going on anyways".

Relatives told us they were asked for feedback on the care provided and were always invited to relative's meetings. One relative told us, "We have completed surveys – they cover everything and there was some feedback on the noticeboard about it". Another relative told us, "There are relative's meetings, they always advertise it on the door, if there's anything going on we know about it".

People living at the home told us that they had no complaints, but if they did need to raise anything they were confident that it would be dealt with. One person told us, "I've no reason to complain" and a relative told us, "Never had to raise a complaint, I think the staff are better here than anywhere else, staff are smashing". Another relative told us, "I've never had to raise concerns, nothing is too much trouble, the manager is very good". We saw that where complaints had been received, they had been investigated and lessons learnt where appropriate.

Is the service well-led?

Our findings

People, their relatives and staff alike, all told us that they considered the home to be well-led. All spoke positively about the registered manager. One person told us "The atmosphere is great, we have some fun, [manager's name] is smashing" and a relative told us "There's no airs and graces; she is one of us [the manager], she is always around the home, it's a very happy atmosphere". A visiting professional told us they considered the home to be well led and a member of staff told us, "[Manager's name] is one of the best manager's I've worked for, being here I'm a lot happier than in my old job; if I have a problem, I go to [Manager's name]".

We observed that the registered manager and the deputy knew all the people who lived at the home very well. They were able to tell us about each individual and what their needs were and what was important to them.

Staff told us they felt well supported in their role and told us they enjoyed working in the home. One member of staff told us, "[Manager's name] is supportive and approachable. It's a nice atmosphere and a lot of residents know each other from when they were younger". One member of staff told us, "This is a nice place to work, I've never heard staff argue" and another added, "You can tell her [the manager] anything and it's done straight away". Staff told us they were aware of the home's whistleblowing policy and were confident that if they had to raise any concerns then they would be listened to. One member of staff added, "[Manager's name] takes things seriously". We saw that regular staff meetings took place and staff told us they were asked their opinions and these were accepted. One member of staff told us, "When we have a staff meeting staff are able to contribute, you can put your point of view across". We saw new care plan paperwork was being introduced and staff spoke positively about this. One member of staff told us, "I'm currently learning how to use the new care plan paperwork, I think they are a lot better and easier to navigate".

The registered manager told us and staff confirmed, that they or the deputy were always available for staff to speak to directly either in their office or out of hours on the phone. They told us the regional manager visited regularly and was always on call for support and assistance, the registered manager told us, "The regional manager is very supportive".

Staff spoken with understood their role and told us they felt supported by management and well trained to do their job. We saw that care staff and the kitchen and housekeeping staff all received training in safeguarding and dementia care. One member of staff told us, "I did the safeguarding and dementia training; you pick things up you didn't know before".

We discussed with the registered manager her plans for the home. She told us that two staff had been given the responsibility of being dementia leads and were currently looking at ways they could improve the environment. One member of staff told us, "I've had additional dementia training from the in-house team, we're looking at getting the corridors themed" and went on to describe the ideas they had for making the environment more appropriate for the people living in the home. The registered manager also told us that

she had asked for dementia training to be listed as part of the mandatory training list as they are a dementia home.

We asked the registered manager how she promoted quality in the home. She told us how instead of waiting for surveys to be sent out and completed, that she was using an electronic system to gather people's views on the service received. She told us, "This way you can get feedback quicker and if there is any negative feedback received the system logs it and the manager gets alerted by email immediately". We saw that weekly and daily audits took place including medication audits, reviews of care plans and risk assessments and training records. We saw where issues were identified action plans were in place to address these. Daily audits were completed and there were plans for staff to be involved in this process and to take over the responsibility of these. One member of staff confirmed to us that they had recently done this for medication. We also saw that staff were required to complete surveys anonymously on a regular basis and any issues raised were discussed at the following staff meeting and we saw evidence of this.

We saw that accidents and incidents were logged, investigated and followed up and where necessary care plans and risk assessments were updated to reflect any changes.

The provider had notified us about events that they were required to by law.