Four Seasons (Bamford) Limited

Ashbourne Care Home

Inspection report

Lightwood Road
Dudley
West Midlands
DY1 2RS

Tel: 01384242200

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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

About the service:

•□Ashbourne Care Home is a care home providing personal care and accommodation for up to 37 people who are frail or are living with dementia. At this inspection 35 people lived within the service.

People's experience of using this service:
•□People continued to receive safe care. However, people felt while there were enough staff, the deployment of staff was of concern. People were safe and staff knew how to keep them safe. Recruitment systems ensured people were supported by staff who were appropriately employed. People were given their medicines as it was prescribed. Staff had access to personal protective equipment as part of the provider's procedures for infection control. Accidents and incidents were noted so any trends could be monitored to reduce accidents.
•□People continued to receive effective care. Staff had the skills and knowledge required to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People made their own choices as to what they had to eat and drink with support from staff. People could access support from health care professionals when needed.
•□People continued to receive support from staff that were of a caring and kind nature. People decided how they were supported by staff. Staff were caring and respectful of people's privacy, dignity and independence.

•□People continued to receive support that was responsive to their needs. People's support needs were assessed and a care plans developed to inform staff how people's personal needs should be met. The support people received was what they wanted and reviews took place to ensure where there were changes, these could be identified and acted upon. People's interests and hobbies were considered so people could take part in the things they liked to do. The provider had a complaints process in place and people knew how to complain.
•□The service continued to be well managed. The registered manager supported staff to ensure people received the support they wanted. Quality audits and spot checks took place and where improvements were needed, this was fedback to people. Questionnaires were used to engage with people. The environment was welcoming, warm, clean and tidy.
Rating at last inspection:

•□Rated Good (Report published 26/01/2016).

Why we inspected:

•□This was a planned inspection based on the rating at the last inspection. Whilst the service was rated 'Requires Improvement' in safe, it remains rated Good overall.

Follow up:

• We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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**

Ashbourne 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 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service and understands dementia care.

Service and service type:
Ashbourne Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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:
Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. They raised no concerns about the service.

During the inspection we spoke with eight people, two relatives, seven members of staff, a mental capacity assessor, the deputy and registered manager. The managing director from the provider came towards the end of the inspection process to hear the feedback. We also spoke with the headteacher from the nearby

primary school who conducted regular visits to the home.

We looked at the care and review records for three people who used the service, the management records for how people were administered medicines, as well as a range of records relating to the running of the service and the activities people were involved in. Our overall observations included how people and staff communicated and interacted and how people were supported using 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.

Requires Improvement

Is the service safe?

Our findings

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

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.

Staffing and recruitment

- While people told us there was enough staff, they also shared concerns that staff were not always available to provide timely support when they needed it. A person said, "I have to wait to use the toilet in the morning when I get up". Another person told us they had to wait over 45 minutes on the day of the inspection for staff to get them up and felt more staff were needed in the morning.
- Staff we spoke with told us they felt there was enough staff to support people. The registered manager used a dependency tool to determine the level of staffing required. However, we found during our inspection that people were sometimes left alone in the lounge/dining area as staff had to be elsewhere in the home. We discussed this with the registered manager and managing director. They assured us they would review staffing levels and the deployment of staff to ensure there was enough staff to support people when they needed it.
- Staff explained how they were recruited which involved recruitment checks to ensure they were suitable to support people. The registered manager explained the steps they followed as part of the provider's processes for recruiting staff and this demonstrated the process was appropriate to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I do feel safe the staff are really good".
- Relatives told us their relatives were happy and safe.
- Staff told us they received training to keep people safe, which we confirmed. Staff could explain the actions they would take where people were at risk of harm, this included raising a safeguarding alert with the local authority.
- The provider kept a record of all accidents and incidents and staff could explain the process, along with information being noted on people's care records.

Assessing risk, safety monitoring and management

- Risk assessments were in place and where risks were identified we saw that these documents showed how the risks were managed to keep people safe.
- We found where people were assessed as needing equipment, this was in place and staff were observed supporting people using the appropriate equipment safely.
- We found the provider was proactive in managing risks to people's skin integrity. For example, where people sat in a wheel chair for long periods of time staff ensured their skin integrity was monitored regularly and measures put in place to reduce the risk of skin damage.

Using medicines safely

•□We looked at a number of the Medicines Administration Records (MAR) and found they were completed following the provider's processes with no gaps. A person told us, "I get my tablets when I need them. I have no concerns, staff know what they are doing". Another person said, "I receive my medication on time". Family members told us their relatives were safe and there were no problems with medication.
•□Staff told us they received training and competency checks to ensure they gave people their medicines safely. A staff member said, "I have completed medicines training". Records confirmed this.
•□Where people were administered medicines 'as and when' required, we saw appropriate guidance was in place to ensure this was done consistently for each person.

Preventing and controlling infection
•□We found systems were in place to manage the risk of bacteria spreading as part of the infection control process. Staff used Personal Protective Equipment (PPE) appropriately, sanitising gel was available in reception and around the home and staff told us they completed infection control training. A staff member told us, "I am about to go on infection control training to be the lead person in the home".
•□We found there was a system in place to keep the home clean and tidy. A person said, "The home is always clean and it never smells, I love it here".

Learning lessons when things go wrong
•□We found regular checks and monitoring of accidents, incidents and near misses were taking place. This included trends being monitored so the provider could learn and share lessons with the staff team to improve the quality of the service people received.

Good

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

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 support needs were assessed before they moved to the home so the provider could be sure they could meet people's needs. We found that people's preferences, likes and dis-likes were part of the assessment process.
•Staff could access care records when needed. We found that information was gathered as it related to the protected characteristics within the Equality Act 2010 and staff showed they understood the importance of the Act in how people were supported and they worked within the principles of the Act. We confirmed the training staff told us they had received on the Equality Act.

Staff support: induction, training, skills and experience
•Staff told us they were supported to meet people's needs. A staff member said, "We do get supervision and we have staff meetings". Staff told us they had to complete an induction and shadow more experienced staff so they understood people's individual needs before they started to work independently.
•The registered manager had a system in place to identify the training staff had completed and to show where training needed to be completed. Staff confirmed they had access to regular training.

Supporting people to eat and drink enough to maintain a balanced diet
•We saw that people had access to regular fluids. Jugs of juice were available so people could help themselves when they wanted and staff were seen asking or reminding people to have a drink especially where people were unable to help themselves. Where people wanted hot drinks, staff were seen offering these at regular intervals.
•The provider had appropriate systems in place so where there were concerns about people's diet or nutrition, they could be monitored. Staff who worked in the kitchen could explain how they knew people's specific dietary requirements and showed us the systems they worked with to ensure all kitchen staff understood how each person's meals should be prepared.
•We saw that menus were displayed so people knew the meal options available. A person said, "There is a menu and you can choose. It's alright". Another person said, "Its chicken for dinner today because I chose that". This showed people knew the meal options and could decide what they had to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care
•We saw health professionals who visited the home working closely with staff to ensure people's assessed needs were met on a consistent basis. During the inspection health professionals were seen supporting staff within the home with how people's needs were met.

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

•□The provider ensured the building was designed in two distinct areas to ensure people were supported safely. The home had a residential unit and a separate unit for those living with dementia so they could move around as they wanted in a safe environment. People's bedrooms were decorated and designed to reflect their tastes and choices and there were family photos and other personal items that would be a reminder of events in their past.
•□The registered manager told us they were given some funds to design the garden area to enable people to safely enjoy being outside in the fresh air.

Supporting people to live healthier lives, access healthcare services and support
•□We saw from people's care records that health care professionals visited the home regularly. Where people needed to see a doctor, dentist or a speech and language therapist these services were available and people could access them when needed.

Ensuring consent to care and treatment in line with law and guidance
•□The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found people's liberty was being restricted lawfully and the appropriate DoLS authorisations were in place with a review date when the local authority would ensure the restriction was still needed. The provider had appropriate systems in place to ensure when an authorisation was due for renewal, that this would be done on a timely basis. Staff worked within the principles of the Act and this was monitored.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us the staff were kind and caring towards them. A person said, "The senior staff, you couldn't ask for any better. The ones that have been here for a long time are very good and do a good job". Another person said, "The staff are very good. They are there for you. They get anything for you and they check on you during the night". A relative told us, "The staff are absolutely great, really kind. They are busy but they will have a joke and a chat as well".
- We saw from our observations that people were treated as individuals and where people needed specific support, this was given.
- The support people received was in line with their assessed needs and people's equality and diversity was an integral part of how they were supported.

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

- We saw that people all had care plans which they or their relatives had taken part in compiling. This ensured they were involved in making decisions as to how they were supported. Where an advocate was needed to support people, we saw this was in place and people told us they could see an advocate when needed. A person said, "I used to see an advocate regularly to support me with making decisions, but did not need their support anymore".
- People told us communication was good and staff always updated them and kept them informed about things happening in the home. A relative said, "They always phone me to let me know what's going on and they've always got time to listen".

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity, privacy and independence. A person said, "I can go into my room when I want for some private time". We saw people could spend time in various parts of the home as they wanted for private time, or just to sit and quietly read the paper.
- Staff we spoke with could explain how people's privacy and dignity was respected and how they ensured this when supporting people with personal care. A staff member said, "People are encouraged to spend as much time as they like in their bedrooms for quiet and private time as the lounge area can be quite busy at times".

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found that people had their own care records, which they were involved with compiling. The provider used a 'clinical hotspot' sheet at the front of each files to show immediate risks. For example, where a person was diabetic, epileptic or had a DNAR in place, this sheet would identify this immediately to staff accessing the person's care records so they would know the risks and how to support the person appropriately. A DNAR means Do Not Attempt to Resuscitate in the event of a cardiac arrest. The support people received was reviewed regularly so where people's support needs changed, the support they received could be amended. We found people's interests and hobbies were also noted as part of the work being done by the activities coordinator to enable people to do the things they liked.
- People told us they could take part in activities and outings that interested them. We saw people sitting reading the daily paper, taking part in board games and we saw evidence of people going out on trips to the sea side and other places of interest. A person said, "We go out in the minibus, and I like to have a pint at the nearby pub". They went on to tell us about a visit to the theatre they went on last week, and their plans to go to the pub the next day. A relative said, "The stimulus here is making a real difference. I came in last week and [my relative] was colouring with their great grandchildren. I couldn't believe it". This showed people could continue to follow their interests and hobbies.
- The registered manager told us of a new venture with the nearby primary school where children regularly visited and spent time with people. The headmaster from the school confirmed both the children and people within the home loved and benefitted from the experience.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which enabled people to raise complaints as they needed. People we spoke with told us they were aware of the complaints process but had never raised a complaint. We also found at the entrance to the home an electronic feedback system where people, relatives and other visitors to the home could leave feedback on how they found the service provided. This information was then sent to the director or registered manager so they could act immediately on concerns identified.

End of life care and support

- The registered manager told us there was no one in the home receiving end of life care. However, staff had received training and they worked closely with a hospice so in the future when people needed end of life care, they would have the necessary skills and knowledge to support people appropriately.

Good

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found that the support people received was person centred. 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.
- The provider and the registered manager carried out quality audits and spot checks to ensure the quality of the service people received. People and staff told us the registered manager was visible and often seen regularly carrying out checks on the service. A person said, "[Registered manager] is strict with the staff. She keeps them on their toes".
- The provider had a whistle blowing policy and staff could explain its purpose, but had never had to use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found this was being done. This meant people, relatives and visitors were kept informed of the rating we had given.

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

- Staff told us the registered manager promoted an environment that was inclusive. The registered manager supported them to consistently meet people's needs and regularly left their office to support people. If the home needed cleaning the registered manager would do that. A person said, "The manager comes in and helps. She even does the cleaning, she gets the hoover out".
- People told us they lived their lives how they wanted. A person said, "They have looked after me really well. I've got 'the life of Riley' in here". We observed the registered manager throughout the inspection interacting, embracing and communicating with people and they made people comfortable and relaxed around them.
- We found staff knew their roles and could explain the support people received and how they ensured people lived their lives how they wanted.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

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

characteristics

• We found the provider used questionnaires to engage with people and where concerns were identified, this was fedback in relative's meetings and displayed on the notice board in the entrance area of the home.

• The protected characteristics of the Equality Act were embedded within the support people received and this was evidenced through our observations in how staff supported people and from the care records.

Continuous learning and improving care

• We found the systems used to communicate with people met with the Accessible Information Standard (AIS). The AIS sets out a specific and consistent approach as to how providers should share information with people with a disability, impairment or sensory loss.

• Staff told us they received training regularly as part of improving their skills and knowledge and we saw evidence of this through training records kept by the registered manager.

Working in partnership with others

• We found the provider worked closely with agencies so the support people received could benefit. This included the nearby primary school, advocacy services, the local authority, independent mental capacity assessor, hospitals and other local health colleagues.