Restful Homes (Sutton Coldfield) LTD

Asprey Court Care Home

Inspection report

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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
Asprey Court is a residential care home providing personal and nursing care to 81 people aged 65 and over at the time of the inspection. The service can support up to 86 people in one adapted building. The home was separated into four units. Two units accommodated people with complex nursing needs relating to their dementia, one unit provided nursing care for older people with dementia and the other unit for general nursing.

People's experience of using this service and what we found
People were supported by staff who had received training in how to recognise signs of abuse and what actions to taken in these circumstances. Staff supporting people were aware of the risks to them and how to manage those risks. The providers recruitment procedures had not been consistently followed. Areas of concern regarding medication management were identified during the inspection and responded to immediately. We were not completely assured regarding some areas of infection control management in the home. Accidents and incidents were acted on appropriately and analysed for any lessons to be learnt.

Staff had received training to provide with them the skills and confidence to meet people's needs. Staff were aware of people's dietary needs and preferences. People received a balanced diet and had access to drinks and snacks throughout the day.

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 obtained people's consent prior to supporting them and treated people with dignity and respect. People were supported by staff who knew them well, knew what was important to them and how to support them safely and effectively.

People were supported to maintain good health. Staff worked alongside a variety of other healthcare professionals and agencies to ensure people's healthcare needs were met.

People and their loved ones were involved in planning their care and attended regular reviews. Relatives were kept up to date with changes in their loved ones needs.

People were able to take part in a variety of activities both inside and outside the home. Efforts had been made to ensure people kept in touch with loved ones throughout the pandemic, through a variety of means. People's opinions of the service were sought.

The registered manager and staff felt supported and were onboard with the vision for the service. Staff were complimentary of each other and the registered manager. People and relatives knew who the registered

manager was, they described her as supportive and approachable. People had no hesitation in raising any concerns they may have and felt their voice would be heard.

There were a variety of audits in place to provide the registered manager with oversight of the service and drive improvement. Where areas for action were identified during the inspection, action was immediately taken and systems and processes reviewed.

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 12 July 2018).

Why we inspected
The inspection was prompted in part due several safeguarding concerns and an increased recording of incidents by the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

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? The service was not consistently safe.	**Requires Improvement**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was well led.	**Good**

Asprey 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors, a specialist nurse advisor 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.

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

Notice of inspection
This inspection was unannounced.

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 and professionals who work with the service. 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 13 people who used the service and nine relatives about their experiences of the care provided. We spoke with 18 members of staff including the provider, the registered manager, the deputy manager, unit managers, nurses, the clinical lead, care staff, the consultant psychiatrist supporting the service, administration and maintenance staff, the chef, housekeeping staff, activities co-ordinator and quality and compliance manager. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting social worker and a visiting GP. 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 reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 3 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.

After the inspection
We spoke with 2 relatives over the phone to gain their views of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies, procedures and the training matrix.

Requires Improvement

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.

Staffing and recruitment

● We looked at the staff files of three members of staff and found gaps in staff employment history had not been explored and for one person, the right to work in the UK had not been evidenced. Following the inspection, the registered manager ensured the staff files were updated and actions taken to ensure all recruitment files were fully compliant.

● Staff confirmed references were obtained and checks with the Disclosure and Barring Service obtained, prior to them commencing in post.

● We saw people were supported by a consistent group of staff who knew them well. People on a one to one staffing ratio were supported by a dedicated group of staff, which changed very two hours. We observed the handover between staff for one particular person. It was managed with kindness and reassurance, the person appeared comfortable with both members of staff.

● People and relatives told us they felt there were enough staff to meet their needs and we observed staff respond to people in a timely manner.

Using medicines safely

● We found some areas that required improvement with regard to medicines management. The registered manager committed to address the concerns raised during the inspection.

● Some protocols were missing for 'as required' medicines which meant there was a risk people may not receive these medicines consistently.

● Where one person required time critical medication, the time of the actual administration was not being recorded to evidence that this was being adhered to.

● Handwritten prescriptions were not consistently signed by two staff and for one person, the frequent use of an 'as required' medicine had not been reviewed and was out of stock.

● On one unit, we observed the nurse leave the medicines trolley unattended with the keys still in the lock, placing people at potential risk of harm.

● Other than on this occasion we found medicines were stored correctly

● Medicines were used as a last resort when supporting people who may be distressed.

● We observed a number of instances where people were supported to take their medication. On each occasion, the member of staff sat with the person, maintained eye contact and explained what the medication was for before supporting them.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.
● We were somewhat assured that the provider was admitting people safely to the service. For one new recent admission, there was no evidence of a recent PCR test had been completed by the service on admission.
● We were somewhat assured that the provider was using PPE effectively and safely. We observed on several occasions staff wearing their masks under their chin. We also observed used masks and other PPE were disposed of in an open bin in a non-clinical waste bag.
● We were somewhat assured that the provider was accessing testing for people using the service and staff. Systems were in place to ensure staff and service users were regularly tested. However, a risk assessment had not been put in place to identify and mitigate the associated risks of a person refusing to participate in testing.
● We somewhat were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a lack of monitoring of communal bathroom and toilet areas.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were somewhat assured that the provider's infection prevention and control policy was up to date. The policy had not included the heightened risks to Black and Minority Ethnic people and staff.
● People using the service were supported to maintain contacts with their relatives. A system was in place to support people to have visits from relatives and any other important people in their lives.

We have also signposted the provider to resources to develop their approach and received assurances the above areas were addressed immediately.

Systems and processes to safeguard people from the risk of abuse
● We observed people appeared comfortable in the company of care staff who supported them. One person told us, "I like it here. It's alright, everything is fine." We observed people approaching staff for help and staff responding appropriately to people's needs. A relative told us, "[Person] is much safer here than they were at [another service] and much safer than they were at home as well. We are all happy with how it is. You never want this, and it was hard but it's the right thing for them."
● Staff had received training in recognising signs of abuse and were aware of their responsibilities to report and act on concerns that came to their attention.
● Where safeguarding concerns arose, there was a consistent approach, concerns were dealt with in a timely manner, and the appropriate actions taken, and authorities informed.

Assessing risk, safety monitoring and management
● Risks to people were assessed and staff provided with information and guidance on how to support people safely and mitigate those risks. For example, where people received one to one support, staff were aware of the distraction techniques to use to reduce the risk of people becoming distressed and placing themselves and others at potential harm.
● Staff told us they were kept up to date with changes in people's care needs and were able to provide several examples demonstrating this. However, we found for one person a risk assessment had not been updated to reflect recent changes in their needs. This was immediately rectified on the day of the inspection.

● Relatives told us they felt their loved ones were safe at the service and they had no concerns. A relative told us, "The main thing is that [person] is safe here. They have one to one care because they are at risk of falls and it works. They haven't had any falls while they have been here because the right care is in place."
● Staff were aware of the actions to take to distract people if they became distressed. We observed staff were patient, their interventions were timely and the appropriate diversion techniques were used.

Learning lessons when things go wrong

● Systems were in place to ensure lessons were learnt when things went wrong. Accidents, incidents and safeguarding concerns were reviewed and acted on in a timely manner and analysed for any trends.

● A member of staff who was responsible for training staff in distraction techniques told us, "If I thought there was a trend, I would speak to management, for example if I thought staff were not responding appropriately to someone."

● The service employed a psychiatric consultant to provide guidance and support to the registered manager and care staff. Their role included reviewing recordings of each incident that took place to ensure appropriate actions were taken and people's care plans and risk assessments had been followed.

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.

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
● People's individual needs were clearly assessed. Care records held information regarding people's preferences and what was important to them, including their health, social, religious and cultural needs.

Staff support: induction, training, skills and experience
● Staff felt supported and well trained. They told us they felt equipped to support people safely and effectively following their induction. A member of staff told us, "I had an induction when I came, I was shown round the home and the floor I was going to be working on. They showed me everything I needed."
● A matrix was in place to provide the registered manager with oversight of staff training. The provider also employed a member of staff to oversee training at their services. Staff confirmed they received regular training and their competencies were regularly assessed. A member of staff said, "I had a good induction when I came here and more in-depth training when [COVID-19] restrictions were lifted."
● Staff had received training in responding to distressed behaviours, this included supporting people at risk of harming themselves or others. Staff demonstrated how they would use their training to support a particular person whilst they were receiving personal care. A member of staff described the effectiveness of the training and how they felt reassured they were supporting people safely. They told us, "I was taken aback, they made it clear it was a calming thing and you don't make people feel restrained."
● Staff confirmed their competencies were assessed and they received appraisals from management. They told us if they had any concerns, the registered manager was supportive and approachable.

Supporting people to eat and drink enough to maintain a balanced diet
● We saw that people were supported to eat and drink to maintain a balanced diet. One person told us, "I had bacon and eggs for breakfast this morning. It was lovely." Each unit had their own small kitchen area to enable staff to support people or encourage people to make their own drinks.
● We observed a mealtime and saw that meals were hot, fresh and appetising. People enjoyed their food and there were clean plates all round. For those who required assistance at mealtimes, this was offered discreetly.
● The chef was aware of people's preferences and dietary requirements. We saw where one person had very recently arrived at the home, the chef was aware of their dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service worked closely with a number of other professionals and healthcare agencies in order to meet

people's needs. A relative told us, "We are kept informed of any changes and if [person] isn't well. They ring and notify us of every incident and their falls have reduced now they are on one to one care."
● The GP supporting the service visited on a weekly basis. They spoke of the effective working relationship they had with the registered manager and staff at Asprey Court and how they considered staff to be proactive. They told us, "We do a lot of multi-disciplinary work and talk a lot to psychiatric teams." They went on to describe separate incidents where care staff had noted something wasn't right with a person and had persevered to get the correct medical help. They told us, "It was only due to the diligence of staff. Staff know people and are very good at doing observations."
● Staff confirmed they were kept up to date in changes in people's needs and good systems of communication were in place to ensure information was shared across all shifts.

Adapting service, design, decoration to meet people's needs
● The service was purpose built and had a number of communal areas for people to use and enjoy. People's individual rooms were spacious, allowing mobile equipment to be used where needed.
● Outside each person's room was a 'memory box' which held items that were important or of interest to the person. We observed one person looking for their bedroom, the registered manager commented how many of the doors looked the same, this meant the person sometimes had problems locating their room. We discussed the use of dementia friendly signage and researching further the use of colour to assist people when distinguishing different areas of the home.

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 told us their consent was obtained prior to them being supported and we observed this. Where possible, people were involved in making decisions about their care. Where decisions were made in people's best interests, the provider had sought the views of a number of other people to assist with the decision making process.
● Staff understood the principles of the MCA and DoLS and what this meant for people living at the service. Systems were in place to ensure where people were being deprived of their liberty, the appropriate parties were involved.
● Systems were in place to provide oversight of all DoLS applications that were in place, when reviews were required and renewal dates.
● Care files recorded where people had given consent for their images to be shared. Where this consent was not given, photos on display which included the person, were blurred out in accordance with people's wishes.

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.

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

- We observed interactions between staff and people living at Asprey Court were kind, caring and respectful. One person told us, "I haven't been here long, one young girl down there said to me, 'I'll look after you [name]. You let me know if you need anything'." We saw they appeared reassured by this. Another person said, "They are alright here, they are" and a relative said, "They are very caring." Where staff provided one to one support, they were patient and observed to use the appropriate diversion techniques to help keep people safe and calm.
- Staff spoke fondly of people and knew them well. They knew what was important to people and how to respond to their needs. One member of staff told us, "I don't look at this as a job, these residents we are like their family; you have to treat them like your own grandparents."
- People told us staff were caring and understood them. One person said, "I'm glad there are females that I can talk to about women's issues." A relative told us, "They accepted [person] and there are staff who know how to deal with them and they changed our lives knowing they are properly cared for."

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

- Where possible, people were involved in the development of their care plans and their day to day support.
- People were encouraged to express their views and their opinions were sought through daily conversations and meetings with activities co-ordinators. We observed staff check with people prior to supporting them and constantly offered them choices regarding how they spent their time, where they wanted to go, and who they wanted to sit with. We observed staff were led by people living at Asprey Court.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knew people well and treated them with dignity and respect.
- People were encouraged to maintain their independence where possible. A relative told us, "They are always encouraging [person]. They encourage them to get up and they go for a little walk around the block with them."

Good

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

● We saw staff were responsive to people's needs. People's care was regularly reviewed to ensure staff were up to date with their care needs and how they wished to be supported.

● People's care plans were personalised and reflected their preferences, what was important to them and how they wished to spend their time. One person told us, "They are good to me here. Every day is different. There are different staff but they are all good people. I'm different every day as well and they know that."

● Care records were regularly reviewed and systems in place to ensure staff were aware of changes in people's needs.

● There was an overriding message from many of the relatives spoken with. All told us they had seen the positive impact the service had on their loved one and said this was because all staff knew their relative so well and what 'made them tick'. One relative said, "Staff know [person] so well." Another relative said, "Because staff know [person] so well and if they are feeling anxious about anything, they are picking up the signs so they deflate them before they get irate. They have come on leaps and bounds because staff know them so well."

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 regarding people's communication needs. For one person whose first language was not English, cards were used to assist with communication and staff used new technology to assist in translating information. We observed when staff interacted with this person, their demeanour altered and it was clear these interactions were meaningful for them.

● Staff were able to describe the variety of ways in which they communicated with people, including observing people's body language and responding appropriately. We observed staff speak slowly and clearly with people, maintaining eye contact and being mindful of their tone.

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 take part in a variety of activities that were of interest to them. Each unit had their own activity co-ordinator who was responsible for arranging group and individual activities on a daily basis. A relative told us, "They have quite a lot of entertainment. There's always something going on and

[relative] loves colouring. 'The purple team' [activity co-ordinators] as I call them know everyone, and they know what people like."

● The home benefitted from a cinema room and people told us they enjoyed going there to watch films. Chickens were also kept onsite and we saw people taking part in an 'animal therapy' session. One person told us, "Its lovely when you can do something like that."

● We observed a group activity involving an entertainer in the reception communal area and people enjoying watching and dancing with staff. One person told us, "Next week is an Elvis day. I like it when someone plays the piano and sings Elvis, it's lovely." A relative said, "I think the activities team and what they put together for residents is incredible; it's on Facebook as well and you can see the residents are involved as well."

● People were supported to maintain contact with loved ones throughout the pandemic. One relative told us, "All during lockdown they have organised twice weekly video calls."

Improving care quality in response to complaints or concerns

● We saw there was a system in place to record and respond to complaints. Where complaints had been received, they had been responded to appropriately. We also noted the service had received a number of thank you cards and compliments from friends and relatives.

End of life care and support

● At the time of the inspection, no people living at the service were in receipt of end of life care. The registered manager advised they followed the Gold Standards Framework to improve end of life care in nursing homes.

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.

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

- Since our last inspection, the service had grown in size and all four of the units were open and operating to capacity. Staff tended to work in dedicated areas of the home and told us they enjoyed their work. We observed each floor had a staffing structure in place to meet the needs of the people living there.
- There was a positive and proactive culture of continuous improvement throughout the service. Staff understood the service's vision and felt respected, supported and valued.
- Relatives were complimentary of the service and happy with the care provided to their loved ones. We received many positive messages from relatives telling us how impressed they were with the care their loved ones received and how they had seen a positive impact since their loved one had arrived. One relative told us, "I couldn't rate it enough, it's absolutely fantastic."
- Staff told us they felt supported and listened to. Staff spoke with kindness and compassion when telling us about the people they supported and told us they would recommend the service.
- Staff told us the registered manager and the management team were supportive and approachable. One member of staff said, "It feels like a good team, I work with lovely girls and they are all good at their job and [registered manager's name] is approachable and a good manager." The registered manager had a visible presence around the service and a detailed knowledge of each person living at Asprey House.
- Systems were in place to ensure staff recorded immediately when incidents or accidents took place. This provided the registered manager with the information in a timely manner and ensured actions were followed up.

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 staff were open and transparent throughout the inspection and took onboard and acted on the feedback provided. Areas for improvement identified during inspection were acted on and responded to immediately. Systems and processes were updated to ensure these areas for improvement were maintained
- The registered manager understood the duty of candour and had kept us informed of events as required.
- The service had on display their last inspection rating.

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

- There was a clear staffing structure across the home and staff were aware of their roles and

responsibilities. Staff knew who to report to if they had any concerns and the processes they should follow.
● The registered manager was supported by a compliance and quality manager and a regional trainer to provide ongoing guidance and support to the service.
● There were a variety of audits in place to provide the registered manager and management team with oversight of the service. Audits relating to recruitment processes had not recently been completed on site due to the pandemic. Medication audits had not identified all areas found on inspection but action was taken to address concerns on inspection and auditing systems and processes were reviewed. The IPC concerns identified on the day were immediately addressed and for those staff who had not followed guidance, disciplinary procedures were followed.
● The compliance and quality manager visited on a weekly basis to maintain oversight and offer any support required.
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's opinions of the service were sought through daily conversations and meetings with the activities co-ordinator.
● Staff meetings took place providing staff with the opportunity to raise concerns.

Continuous learning and improving care; Working in partnership with others
● Systems were in place to ensure lessons were learnt when things went wrong. Incidents were analysed for any lessons to be learnt.
● The service worked alongside a variety of healthcare professionals to improve people's care and meet their healthcare needs. Relatives spoke positively about the improvements in their loved ones and their only concern was that since their loved ones had improved, they would be asked to move to another service.