

Ashleigh Rest Home Ltd

Ashleigh Rest Home

Inspection report

17 Beech Grove
Ashton
Preston
Lancashire
PR2 1DX

Tel: 01772723380

Date of inspection visit:
29 January 2020

Date of publication:
26 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashleigh Rest Home is a residential care home providing personal and nursing care to 10 people aged 65 and over at the time of the inspection. The service can support up to 11 people. The care home has eleven private rooms and there is a communal lounge and dining area with comfortable seating, for people to enjoy.

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

People were protected from avoidable harm. Staff carried out risk assessments and care records explained the actions required to minimise risks. Staff had completed safeguarding training and told us they would report any concerns to the registered manager, provider or external authorities to ensure people were protected from avoidable harm. Safe recruitment practices were followed, and staff were deployed effectively, so they could meet people's needs. Medicines were managed safely, and staff received training and practical assessment to check their competency in this area.

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.

People were cared for in a safe, clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Training and supervision was arranged to ensure staff had the skills to carry out their role. People said the food was good, enjoyable activities were arranged, and they were supported to access medical advice if they needed this.

Staff treated people with dignity and respect and staff told us they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's needs and achieved good outcomes.

People were consulted and asked their views on the service provided. The registered manager provided people with surveys. Any comments were actioned whenever possible. A complaints procedure was displayed at the home and documentation showed complaints were responded and resolved.

The registered manager and provider had promoted an open, caring culture within the home. Staff and the registered manager worked closely together, and with external health professionals, to help enable people to have the best outcomes possible. The registered manager carried out regular checks on areas such as medicines, infection control, accidents and incidents and the environment to ensure shortfalls were identified and actioned and successes celebrated.

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 05 August 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Ashleigh Rest Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Ashleigh Rest Home 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and read the previous inspection report. We sought feedback from the local authority. The provider was in the process of completing a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care

provided. We spoke with five members of staff including the provider, registered manager, and three care staff. 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 four people's care records and multiple medication records. We looked at two 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 continued to seek clarification from the provider to validate evidence found. We looked at environmental records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. The provider had policies to guide staff on how to report concerns of neglect or abuse.
- Staff had received regular training in safeguarding awareness.
- People felt safe. One person told us, "No-one would ever hurt me, they're always kind."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Staff assessed risks to people and actions to minimise risk were documented and reviewed. Changes were made to promote people's safety as needed.
- The provider minimised the risk and spread of infection by providing training and personal protective equipment to staff.

Staffing and recruitment

- The provider followed recruitment procedures to help ensure prospective employees were suitable to work with vulnerable people.
- The registered manager deployed staff effectively. Relatives, staff and people told us they had no concerns with the numbers of staff provided. One person said staff responded to them "almost immediately" if they needed assistance.

Using medicines safely

- Medicines were managed safely. The provider had arrangements in place to receive, store, administer and dispose of medicines safely
- Staff were trained in the management of medicines and their competency was checked.

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the registered manager to identify trends. The registered manager shared any lessons learned with staff to improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- The registered manager assessed people's needs and developed plans of care to ensure care met needs and preferences. Staff knew people well and could explain the care people needed.
- Care records contained best practice information to guide staff, if people lived with health conditions.
- Staff supported people to access healthcare services such as opticians and hospital appointments.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent. The provider ensured staff received induction and refresher training to maintain and update their knowledge.
- The registered manager completed supervisions with staff to review their performance and staff told us they could seek guidance and received information at daily meetings with the management team.

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

- Staff supported people to eat and drink enough to meet their needs. The registered manager completed nutritional risk assessments to identify people's individual needs and sought advice from health professionals if needed. Care records recorded the support people needed to eat and drink.
- People told us they were happy with the meals provided. One person said, "You won't go hungry here, the meals are homecooked and plenty of them." Alternatives were available for people if they did not want the main meal.

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

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. Documentation evidenced the service worked with GP's, district nurses and opticians.
- In the event of people going to hospital, essential information was provided to support decision making.

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

- People lived in a warm and homely environment. People's personal possessions were displayed in their private rooms.
- The provider had considered best practice guidance and visual signage was displayed to help people living with dementia identify the lounge, dining room and toilets.

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).

- People's capacity to make decisions had been assessed in line with the principals of the MCA. The registered manager submitted applications to deprive people of their liberty to the local authority. These were currently awaiting assessment.

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

- Staff supported people with dignity and respect and had a caring approach. Staff were gentle with people and took time to speak with them.
- People told us staff were caring. One person told us, "I think a lot of them all, they're like family." A relative said staff were, "Fantastic. They do everything and that little bit more."
- Staff supported people's rights to live individual lives and they had received training in equality and diversity to maintain their knowledge. One staff member said of the home, "It's small so we can give individual care."

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

- People could decide their care needs and where this was not possible relatives were engaged in the care planning process. Relatives told us they were involved in discussions about their family member's care.
- Staff asked people their opinions and views. People were asked where they wanted to sit, whether they wanted to take part in activities and what they wanted to do.
- The registered manager told us they would inform people of local advocacy services that were available if people needed support to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff closed doors when they entered people's private rooms and conversations were discreet when people's needs, and wishes were discussed.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, staff supported people with their mobility and encouraged them to walk when this was possible.

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 now remained the same.

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

- Staff assessed people's individual needs and care records reflected the support they required and their wishes. These were reviewed regularly, and relatives confirmed they were as involved as they wanted to be.

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.

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs. For example, if people needed equipment to help them hear or see, this was recorded.

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

- Staff supported people to engage in meaningful activities. We saw people were supported to sing and dance. People were laughing, and it was evident people enjoyed this.
- Staff supported friendships. People chose who they spent time with and relatives were welcomed to the home. One relative commented, "I'm always welcomed."

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly displayed in the home. Complaints were responded to in the timeframe described in the policy.
- People and relatives, we spoke with told us they were happy with the service provided.

End of life care and support

- At the time of our inspection, the service was not supporting anyone at the end of their life. There was a policy in place to guide staff and training was being arranged to ensure staff had the skills to deliver this area of care.

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; 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

- There was a positive culture in the service. One relative said, "[Registered manager] is approachable." and, "There's a good culture here." Staff told us the provider and registered manager worked closely with them. One staff member commented, "I like it here. We all work like a team."
- The registered manager told us there had been no recent events when mistakes had been made and an apology required. However, should events occur, these would be investigated, and an apology would be made.

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

- The registered manager completed regular checks of the home. These included checks on medicines, infection control, care records and the environment. The registered manager identified and actioned areas of concern.
- The registered manager had notified the Care Quality Commission about events that occurred within the home. This was required by regulation.
- The provider had displayed a copy of their ratings in the reception of the home. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager sought feedback to improve the home. People and relatives completed satisfaction surveys and the registered manager responded to any comments. Staff said they had staff meetings as well as informal opportunities to seek clarity and share their views.
- The registered manager and provider completed audits and reviewed care provided. They sought people's views, reviewed care and records, including accidents and incidents to see if lessons could be learnt.
- The registered manager maintained positive relationships with external agencies. This included working with commissioners and external health and social care professionals to ensure people could achieve their best outcomes.

