

Ashleigh Rest Home Ltd

Ashleigh Rest Home

Inspection report

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Date of inspection visit:
05 January 2016

Date of publication:
06 April 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 5 January 2016. The inspection was unannounced. The service was last inspected on 29 October 2013, when we found the provider was compliant with the regulations we assessed at that time.

Ashleigh Residential Home accommodates older people who are living with dementia. The home has 11 single bedrooms, four of which had en-suite facilities. The home is situated in a quiet residential area and has a pleasant garden. Local amenities including bus stops, a church and shops are situated nearby.

The service is registered to provide accommodation for persons who require nursing or personal care. There is 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.

We found that the principles of the Mental Capacity Act (MCA) 2005 were not embedded in practice. Records showed that consent had been obtained in some areas. However, the service had not implemented a system to adequately assess people's mental capacity in relation to the decision making process. Therefore, some people may have signed consent forms without fully understanding what they were signing.

We looked at how the service protected people from avoidable harm and known risk to individuals. Risk assessments were included in people's care files and actions were documented clearly for staff to follow. However risk assessments were not always updated following a change in people's needs.

We found that the service did not always follow safeguarding reporting systems, as outlined in the home's policies and procedures. Accidents were recorded in the accident book. However, there was no evidence available to show that this information had been reviewed, in order to identify and analyse any trends or patterns.

There was effective communication between all staff members, including the managers. There was an established staff team, who knew about people's individual care needs and who were passionate about their jobs and caring for others.

We found that written policies in relation to the recruitment of new staff were in place at the home. Records we saw demonstrated that safe practices had been adopted to ensure that staff employed were suitable to work with this vulnerable client group.

We found that the home was clean and tidy throughout. The provider had a policy with regards to infection control and records demonstrated that staff had been provided with training in this area. However, we found that best practices for infection control were not always being followed. We have made a

recommendation regarding this.

We found that Personal Emergency Evacuation Plan [PEEPs] were generic and did not contain personal information to show how each individual could be best assisted to evacuate the premises, should the need arise. We have made a recommendation with regards to this.

There were some effective quality assurance systems in place that monitored care. However these systems did not always pick up on failings around valid consent and incident failings highlighted in this report. We have made a recommendation with regards to this.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to consent, safe care and treatment and safeguarding people from abuse.

You can see what action we have asked the provider to take at the back of this report.

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.

Not all risks had been identified and systems had not been put in place to protect people from harm, however those who used the service said they felt safe living at the home and relatives said they thought people were safe and well cared for.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements or current guidelines.

Not all staff had received training, which helped them to do the job for which they were employed.

People received food, which they enjoyed. Records of all food served were not always kept.

People had access to on-going healthcare support and appropriate advice was sought from relevant professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff respected people's privacy and dignity in a caring and compassionate way.

Staff were kind and patient in their approach towards those who

Good ●

lived at Ashleigh and interactions with people were noted to be caring.

Staff knew people well and responded to their needs appropriately.

Is the service responsive?

The service was not consistently responsive.

People received personalised care and support. However, this was not always responsive to their changing needs.

People were supported to take part in activities within the home.

There was a system in place for managing any complaints received.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The registered manager had completed some quality checks to help ensure that people reliably received appropriate and safe care, however systems put in place to protect people from harm were not always effective.

Staff said they felt supported by the manager of the home and were fully aware of their responsibility to report any concerns they had about the care provided, to their managers or the relevant funding authorities.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Requires Improvement ●

Ashleigh Rest 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.

The inspection team comprised of two compliance adult social care inspectors. The inspection was unannounced and took place on 5 January 2016.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We received feedback from social work professionals and a district nursing team. Their feedback is included within this report.

At the time of our inspection of this location, there were 11 people who used the service. We met with them and spent some time observing the care and support provided. We spoke with five people who used the service and three people who were visiting on the day of our inspection. We subsequently contacted five relatives of people who used the service by telephone. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We observed how staff interacted with people who used the service and viewed four people's care records. We spoke with three care workers, the deputy manager and the registered manager, during the course of our inspection. We also spoke with a visiting professional at the home, as part of the inspection process. We looked at a wide range of records. These included; the personnel records of five staff members, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

People we spoke with said they felt safe living at the home; and that their human rights were being protected. One person said: "I'm happy and I feel safe". Relatives told us: "I'm content, that my loved one is safe and well looked after". Another said: "It's safe, they are happy, I'm confident".

We found that staff were able to tell us about safeguarding principles and recognised signs of possible abuse. Staff had received training in relation to safeguarding people. However, they did not always put this knowledge into everyday practice. Not all safeguarding incidents had been appropriately reported to the relevant authorities, in line with current legislation and the policies and procedures of the home. For example, we found an incident recorded in the accident book where a person who used the service reported that they were grabbed around the wrist by another person resulting in a small skin tear.

This amounted to a breach of regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from avoidable harm and known risk to individuals. Risk assessments were included in people's care files and actions were documented clearly for staff to follow. However, risk assessments were not always updated following a change in needs. For example, records showed that one person, who lived at Ashleigh was prone to regular falls when attempting to sit on a chair. However, her risk assessment did not reflect this and therefore the lack of continuous assessment could have potentially put her at risk of harm.

We looked at the accident and incident records for people who used the service. We found two written entries, following separate falls, which stated, 'lump on head' and 'bump to forehead'. However, no medical intervention had been sought and no additional checks were documented to show that the condition of the individual had been monitored. This put people at risk of further harm.

Accidents were recorded in the accident book. However, there was no evidence available to show that this information had been reviewed, in order to identify and analyse any trends or patterns. Failure to maintain robust recording systems around accidents and incidents meant that the service was not effectively monitoring and auditing its daily practices.

A lack of sufficient risk management for individuals and failure to act upon accidents and incidents amounted to a breach of regulation 12 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at two care records for people who used the service and we found that people's needs were assessed before they were admitted to the home. This helped to ensure that the staff team were confident they could provide the care and support required by each person who moved into Ashleigh and that their care could be appropriately planned. Aside from the risk assessments which required updating care plans were found to be well written and were routinely reviewed.

During our inspection we observed people who lived at the home being left in the lounge with the hairdresser for a period of time, whilst care staff were completing cleaning duties. The registered manager informed us that care staff were responsible for the cleaning tasks within the home. We asked staff if they felt there were sufficient numbers of staff to provide care and support for people who lived at Ashleigh rest home. Staff told us: "I feel I have enough time" and "If I'm not cooking I'm upstairs cleaning rooms". We spoke with a visitor, who told us: "Staff are attentive and give residents time and respond well to calls for help". Another said: "There is enough staff, however at times staff can be rushed due to people who need a lot of care".

We looked at recruitment processes and found the service had recruitment policies and procedures in place. Employees were asked to undertake checks prior to employment to help ensure that they were not a risk to vulnerable people.

We looked at how the service managed people's medicines. We examined medicine administration records [MARs]. MARs did indicate that people received their medicines at the times specified. Records were signed and no omissions were found. We observed people being given their medicines. Staff followed best practice and current guidance.

Records showed that staff had received the appropriate training to help them to administer medicines safely. When the medicine round was finished the trollies were kept locked and stored safely. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Controlled medicines were kept separate in a secure cupboard; records for these medicines were completed in full. A daily audit was carried out for each medicine to reconcile administration with remaining stock.

We found that the home was clean and tidy throughout. The provider had a policy with regards to infection control and records demonstrated that staff had been provided with training in this area. However, we found that best practices for infection control were not always being followed. We observed there was no facilities for staff to de-contaminate commodes safely. A referral was made during the inspection to the local infection prevention control team to offer the provider support and guidance in this area.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan [PEEPs] needs to be completed for each individual living at the home. The PEEPs we saw were generic and did not contain personal information to show how each individual could be best assisted to evacuate the premises, should the need arise.

We recommend that the provider follows best practice guidelines around infection prevention and control in care homes. These can be found at the National Institute of Clinical Excellence (NICE) website.

We recommend that the provider updates the PEEPs in line with the current fire safety regulations.

Is the service effective?

Our findings

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that people who lacked the mental capacity to make particular decisions were not protected by systems at the service. Records confirmed management and staff had undertaken training in MCA and DoLS; however they were unsure of how this applied to their practice. We asked staff about their understanding of the MCA. Staff told us: "If I had someone with no capacity I will help them with anything they need": "I have a basic understanding of MCA, I would go to management with any concerns". And: "We offer people different choices to help them with simple decisions".

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. We checked whether the service was working within the principles of the MCA. 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.

Care files did not contain decision specific mental capacity assessments. There was documentation that stated when a person lacked capacity, but no information on the assessment which took place. Some care files contained 'consent' forms, although not all had been signed. These forms were not specific. In the care files we looked at we found consent for medication was not clearly recorded.

We observed staff asking people for their consent prior to care and support being delivered, but if consent was refused, then staff left the person and returned some time later to ask again. The registered manager said they would be assessing people's mental capacity following our visit and they would organise staff refresher training on MCA and DoLS. This meant staff would be able to put their knowledge and skills into practice.

Failings identified to adequately assess a person's mental capacity prior to making decisions on their behalf amounted to a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management and staff said there were some people who were unable to leave the home alone, should they try to do so; these were people who lacked the capacity to understand they would be at risk. We observed some people who frequently asked to leave the home, so staff used distraction techniques, in order to divert them from wishing to leave the premises. We found that the registered person had taken appropriate steps to apply for DOLS authorisations for people to ensure any restrictions were legal. The service was therefore acting in accordance with the Mental Capacity Act, 2005 and DoLS code of practice.

Care records included nutritional assessments and identified anybody at risk of malnutrition. Weight charts were completed regularly by staff. Dieticians were involved for people who were at serious risk malnutrition

and had swallowing difficulties.

The care records we looked at told us about people's dietary preferences.. People told us that they were able to make choices in relation to food and drink and we observed them being offered a variety of options . They told us that if they did not like what was on offer, alternatives were also available. We observed people being offered drinks and snacks regularly throughout our visit.

Staff received regular supervision and annual appraisals, which they found helpful and which encouraged them to discuss any concerns they might have had. Staff told us: "I have supervision, I have had one in the last 6 months". And "I feel free to discuss things that I need to do to improve".

Records showed that referrals were made to a range of health care professionals and people we spoke with confirmed that healthcare professionals were involved in their care. This helped to ensure that people's healthcare needs were being consistently met.

We spoke with a relative who told us: "The staff always call for the GP and send her to hospital if she is not well."

We saw in daily records the GP and community nurses were contacted when staff felt it appropriate and their advice was followed. We found the service was responding to changes in people's needs by referring them to suitable authorities. One person who required a high level of needs was referred to the local authority to facilitate a transfer to a service, more suitable for their needs.

We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "I have had sufficient training here". And: "It is the best induction and ongoing training that I have had".

We reviewed staff training files and found staff had received training in areas specific to their work. For example, fire training, safeguarding adults and infection control. Staff received induction training when they started to work at the home. This helped them to become familiar with people's needs and supported them to work safely with those in their care.. The induction training for new staff was based on common induction standards, which is a recognised programme for care workers. The Common Induction Standards are designed to provide a structured start for workers in the first weeks of their employment, which will help to ensure that they are then safe to work alone New employees at Ashleigh Rest Home worked with experienced staff until they were confident to work on their own.

We observed lunch being served. The dining tables were set up in an attractive and orderly manner. People were able to choose where they sat and staff supported those who had difficulty getting to the tables. We observed staff supporting people with their meals. We saw some people who had difficulty cutting their food being offered support. One person who was at risk of weight loss was encouraged by staff to ensure she had a sufficient nutritional intake of food and fluids. We observed people eating in a relaxed manner and they seemed to enjoy their meals.

Menus were not displayed where people could see them, so that they were able to make an independent choice. However, one member of staff told us they gave people menu options verbally.

We recommend that the provider looks into training from outside agencies to help further develop the knowledge of staff.

We recommend that the provider look at alternative dementia friendly ways of offering food choices and

menus.

Is the service caring?

Our findings

We saw that staff interacted with people in a kind and caring way. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

Interactions were positive and staff communicated well with people and supported them at their own individual pace. For example, one person needed assistance to use the toilet. The care worker was very patient with the individual and spoke with them at their level. Interactions we observed between staff and those who lived at the home were based on people's strengths, focusing on what people could do for themselves and supporting and encouraging people to remain independent.

We received some positive comments about the staff and about the care that people received. One person said: "It's nice here and the people are lovely". And: "We can have a laugh". Relatives told us: "It's small, all staff know residents really well": "Staff are caring and I feel confident with the care they provide". And: "Staff have lots of time for the residents".

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and cushions and that rooms were personalised with pictures and paintings. People had access to a lounge area within the service and also a large garden with seating areas.

People told us that their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. Assistance was carried out with respect and consideration. We observed staff knocking on doors before entering. People were dressed in their own clothes and were very well-presented. Staff knew each person's choice of dress well.

We observed people walking freely in the home and interacting freely with staff. We also observed staff supporting people who lived with dementia in a confident and sensitive manner, which showed they had awareness of good practice.

Care plans we saw incorporated the need for respecting people's privacy and dignity and supporting them to maintain their independence, particularly during the provision of personal care. Evidence in care files showed relatives took part in reviewing care plans. Relatives told us they were invited to take part in the reviews of care plans and were informed of changes in people's needs.

The home had policies and procedures in place, which covered areas such as confidentiality, privacy and dignity. We saw that staff were aware of this guidance and were following it whilst supporting those who lived at the home.

One professional told us: "Staff are always well organised and know the people well, they are very caring. I like visiting this home it's a nice home."

Is the service responsive?

Our findings

People received care and support, which was responsive to their needs. This was because staff had good knowledge of those who lived at the home. People who wished to move into Ashleigh had their needs assessed, before a placement was arranged. This helped to ensure the service was able to meet their wishes and individual needs. The assessments we saw provided the staff team with clear details about each person's specific needs and how they liked to be supported.

Care planning documentation evidenced that people's views had been sought and considered. Relatives told us that their views were taken into consideration and that they were actively involved in making decisions about their loved ones' care, treatment and support. One relative told us: "I have sat down with mum's keyworker to review her care plan, as mum cannot do that". Another said: "Carers communicate well with me about my mothers complex needs".

There were daily activities scheduled for people to join in. These included singing and dominoes. There were no dedicated activity organisers appointed at the home. However, all staff were involved in planning and delivering leisure activities. A staff member told us: "There is always something for people to do". A relative told us: "They are always active doing activities": "They do peoples nails". And: "They let [name removed] help out with dusting as she likes to do this".

We looked at care records and found people's personal wishes were recorded. Records showed people's needs were assessed and care plans were in place, with clear person centred information about how people wanted to be supported.. In addition, details of how to support people if they were in distress, their social and family histories and what mattered to them most were also included. This helped staff to effectively support the people who used the service and promote their wellbeing.

People were encouraged to raise any concerns or complaints that they had. The service had a complaints procedure which was displayed throughout the home. People and their relatives told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone we spoke to said they felt confident that any complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place. There had been no formal complaints since our last inspection of the service.

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

Each senior carer was responsible for updating and reviewing a number of people's care plans on a monthly basis. These reviews did not consistently reflect individual's changing needs. An example of this was where a DoLS application had been submitted, but the care plan documented, 'No change'. Another example was where a resident had lost some weight and the care plan did not reflect this. The GP was contacted during

our inspection process and this particular individual was reviewed.

We recommend that the provider implements a more robust system for the review of care plans. This needs to include changes through DoLS authorisations as well in line with the DoLS Code of practice.

Is the service well-led?

Our findings

There was evidence of a positive staff culture. At times there was some language used in the documentation, which described people's behaviour as being 'difficult'. This was discussed with the provider on the day of our inspection, who acknowledged our findings. We were confident that this matter will be addressed moving forward.

The service had a registered manager in post (who was also the provider), as required by their registration with the Care Quality Commission. There were clear management arrangements in place, so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived at the home, their relatives and staff members. We saw that the registered manager talked with people who used the service, their relatives and staff throughout the day. They knew about points of detail, such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively oversee the service and provide leadership for the staff team.

Staff told us that they did have staff meetings, however, these were not frequent. There were minutes of staff meetings available for review on the day of our inspection. The registered manager confirmed that the meetings were conducted to gain the staffs' views, in order to progress moving forward.

There was evidence of customer feedback from people who had used the service and their relatives. This was recorded online and the provider kept a paper file of compliments and reviews to monitor any areas of improvement. Comments recorded included: "The staff are extremely caring and considerate": "It is a homely environment warm and cosy": And "Staff are polite and respectful".

Staff were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them, that they would be listened to and that action would be taken if they raised any concerns about poor practice.

People said that they knew who the manager was and that they were helpful. One person said: "The manager is great and has a way with people". Another said: "Management are approachable and communication is good". Staff were confident, management valued them and listened to their comments and requests. One care worker said: "Yes they are good, if I have an issue I will speak to them". Another told us: "I feel supported 100%".

There were some effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were care plan reviews that had been missed, which could put people at risk of harm. Other checks included areas such as cleaning, medicines management and health and safety. We saw that where the need for improvement had been highlighted action had been taken to improve systems. For example, following some concerns around medicines management action had been taken to minimise a re-occurrence. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided. However these had not picked up on the failings around valid consent and incident failings highlighted in this report.

A wide range of written policies and procedures provided staff with clear guidance about current legislation, such as safeguarding, medication, record keeping and positive behaviour support. Records in place were kept securely and where it was necessary in the interests of confidentiality, access was limited. well-led?

We would recommend that the provider ensures that quality assurance audits are robust enough to highlight failings as described in this report.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users. Regulation 12 (1) (2) (a) (b) (c)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have suitable arrangements in place to protect service users from abuse and improper treatment. Regulation 13 (1) (2) (3)