

Ash Court Community Limited

# Ash Court Care Centre - Camden

## Inspection report

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## 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

This inspection took place on 18 and 19 January 2017 and was unannounced. At our last inspection in October 2014 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Ash Court Care Centre provides accommodation, nursing and personal care for up to 62 older people over three floors. The home is in Kentish Town in Camden. There were 60 people staying at the home at the time of our visit.

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

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were kind and respectful and they were satisfied with the numbers of staff on duty at the home.

Staff understood, respected and responded to each person's diverse needs in regard to their culture, gender, sexual orientation and spirituality in a caring and compassionate way.

The management and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks should be reduced.

The home was clean and staff understood about the importance of infection control.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would always offer people choices about their care. People told us staff listened to them and respected their choices and decisions.

The service was following the appropriate procedures regarding Deprivation of Liberty Safeguards (DoLS).

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us they liked the food provided and menu choices were always available.

People using the service and staff were very positive about the registered manager and the management of the home.

People confirmed that they were asked about the quality of the service and had made comments about this. Quality assurance systems were in place in order that suggested improvements could be actioned and

monitored.

The service had a number of quality and safety audits which were designed to ensure a safe environment was maintained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

People told us they felt safe at the home and risks to people's safety had been identified, acted on and, where possible, were being reviewed with the person.

Staff were aware of their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.

### Is the service effective?

Good ●

The service remains Good.

Staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

Good ●

The service remains Good.

We observed staff treating people with respect and as individuals with different needs.

Staff knew about various types of discrimination and its negative effect on people's well-being. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

### **Is the service responsive?**

**Good** ●

The service remains Good.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the home.

Care plans listed people's care needs and included information regarding people's personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

### **Is the service well-led?**

**Good** ●

The service remains Good.

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

People told us the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

# Ash Court Care Centre - Camden

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was undertaken on 18 and 19 January 2017.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by one inspector, an Expert by Experience and a specialist advisor in nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 19 people who used the service and eight people's relatives and friends. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at the comments people had made from the results of the most recent quality survey carried out by the service.

We spoke with 12 staff, the manager and members of the senior management team.

We looked at 14 people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

# Is the service safe?

## Our findings

People told us they felt safe and had no concerns about how they were being supported at the home.

One person told us, "I did feel dubious in the beginning but everyone has been very kind. I don't feel unsafe." Another person commented, "I had no idea what to expect. I came here over a year ago. Everyone has been extremely kind, including the manager." We asked a relative if they felt the staff knew how to keep people safe, they commented, "Oh definitely, because everyone is so caring and looks after [my relative] amazing."

We observed friendly and kind interactions between staff and the people they were supporting.

Staff could explain how they would recognise and report abuse. They were aware that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority.

We saw that appropriate equality and diversity policies were in place and there was a zero tolerance of any discrimination as this could lead to psychological harm. Staff were clear that racism, ageism and homophobia were forms of abuse and must be reported as such.

Any potential risks to people's safety were assessed, reviewed and the required actions were recorded so staff knew how to mitigate any identified risks. For example, where people had reduced mobility and were at risk of developing pressure ulcers, the registered manager had made sure they had the appropriate pressure relieving equipment. In addition, staff were aware that people needed to be repositioned regularly and records of this were being maintained. Risk assessments were proportionate and centred around the needs of the person.

People we spoke with told us that these potential risks had been discussed with them or their relative. One person told us, "I do get the help I need. I just need the hoist to get upright." A relative told us, "I'm just looking at it [care plan] just now. They have discussed risks, [my relative] can't get out of bed on her own, two staff at all times supporting her if there's anything to do with moving."

We checked medicines on all of the three floors and saw satisfactory and accurate records in relation to the receipt, administration and disposal of medicines at the home.

People we spoke with said they were satisfied with the way their medicines were managed at the home. One person we spoke with told us that staff managed pain control well. They told us, "They give me my [pain] tablets straight away."

People using the service didn't have any concerns about staffing levels. We saw that staff had time to be with the people they supported in order to have meaningful contact with them. One staff member told us, "We have time to do our job."



We checked a random selection of six staff files to see if the service was continuing to follow appropriate recruitment procedures to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. The registered manager told us that the organisation had worked with the Border Control Agency to make sure the staff were allowed to work in the UK.

All parts of the home were clean and there was no malodour detected anywhere in the building.

Hand washing facilities were available throughout the home as was hand sanitizers. All people's clothes were individually labelled and there were appropriate systems to deal with soiled clothing in the laundry. Staff had attended infection control training and were aware of the risks of cross contamination.

People were very positive about the cleanliness of the home and the staff who kept it clean. One person commented, "It's so clean they clean so many times a day it's a lovely home. I could eat the food off the floor it's so clean."

## Is the service effective?

### Our findings

We asked people if they thought the staff were well trained and good at their work. One person told us, "I think so they seem very competent." A friend of someone who used the service said, "They are doing a good job." Another person commented, "[The registered manager] is careful in who he appoints I think he's outstanding."

Staff were positive about the support they received in relation to supervision and training. Staff told us and records showed that they were provided with training in the areas they needed in order to support people effectively. This included fire safety, moving and handling, infection control and promoting good nutrition and hydration.

In addition to this mandatory training, staff told us that they were also offered nationally recognised vocational training such as the National Vocational Qualification (NVQ) and the more recent Qualifications and Credit Framework (CQF).

The registered manager showed us a training matrix which detailed the date of training undertaken and the date that the training expired. Staff told us and records showed that most staff were up to date with their refresher training. A staff member told us, "I've done a lot of courses since I've been here. I've learnt a lot. [The registered manager] makes sure we have enough training to do our jobs properly."

Staff gave us examples of how they had put their learning into practice. They told us that they would discuss learning from any training course at team meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the management were open and approachable and they felt able to be open with them. Staff told us they felt supported by the management. One staff member told us that supervisions and appraisals, "Helps to acknowledge and recognise my work." Another staff member told us "I have the support I need."

Staff appraisals were taking place on a regular basis. Staff told us this was a good opportunity to get feedback on their performance and to look at what they wanted to accomplish for the future.

Staff were positive about their induction and we saw records of these inductions which included attending initial training courses as well as looking at the philosophy of care of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act (MCA 2005) and told us they would always presume a person could make their own decisions about their care and treatment. Staff understood that people's capacity could fluctuate and the relevance of this with the people they supported.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). This included notifying the Care Quality Commission of all applications to deprive someone of their liberty as required.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do.

Care plans made it clear to staff to make sure they always offered choices to people. Staff told us that, even though people may have dementia and not be able to make big decisions about their care, they were usually able and encouraged to make day to day decisions such as what they wanted to wear or what they wanted to eat.

Lunch and supper meals were provided frozen from an outside company and heated and served at the home. The registered manager told us that this gave people choices of what they would like to eat as well as a good number of alternative meals.

People's cultural or clinical meal requirements and preferences were also able to be met by this meal system. We saw that there were regular meetings with people who used the service and their families where they tried out and tasted new menu ideas. A cooked breakfast was provided each day by the home's cook which was freshly prepared.

People told us they liked the food provided at the home. One person told us, "I've enjoyed what I've had." Other people's comments included, "I had egg, bacon and tomato this morning" and "I am happy to be here. They look after me well. The food is good."

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

People told us and records we saw confirmed that they had good access to health and social care professionals. One person commented, "If I go to hospital for clinic [the registered manager] will send me with a carer who takes care of the paperwork as well."

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that they were treated well. One person we spoke with told us, "It's lovely the staff are nice. They are caring; like a family atmosphere." A relative commented, "The care here is very good."

We observed staff interactions with people throughout the two days of our inspection. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

A relative commented, "I think they are fantastic. Staff are extremely kind; very good to her and me. Everyone loves her; they care. [The registered manager] comes in for a chat; first rate."

We saw that people had commented and had input in planning their care and support where possible. We saw that support plans had been reviewed and updated where required and detailed the level of involvement that people wanted in their care planning. One person told us, "I am involved." A friend of a person using the service told us, "She has a good care plan set up. They explain to her what they are going to do."

There were records of regular meetings between people using the service, their relatives and the management of the home. We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this information had been recorded in people's care plans.

Throughout the two days of our inspection we saw a large number of friends and relatives visiting people. Staff were friendly and welcoming and it was clear from our observations that people were supported to maintain relationships with their family and friends as well as make new friendships. A friend of a person who used the service told us, "When you come in staff know who you are."

Staff had a good understanding of equality and diversity issues within the service and told us they made sure people at the home were not disadvantaged in any way. A staff member who had recently undertaken equality and diversity training talked to us about their understanding of unconscious bias and the need to challenge preconceived ideas staff may have about people's differences.

The registered manager gave us a number of examples of the inclusive approach to supporting everyone at the home. This included welcoming and supporting a same sex couple who moved into the home together.

There was a multi-faith room where people could spend time in prayer. Families also used this quiet space

when people were nearing the end of their life.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. We observed staff knocking on people's doors and waiting for a response before entering. A relative told us, "She's never anxious here I can see the staff handle her very respectfully."

## Is the service responsive?

### Our findings

Staff had a good understanding of the current needs and preferences of people at the home which matched information detailed in people's care plans. People we spoke with were positive about how the staff supported them and how staff responded to any change in their care needs. One person we spoke with commented, "It's brilliant here. I like the staff; if you want something they will do it for you."

We checked the care plans for 14 people. These plans were centred on the individual and outlined what support people needed, in order to be as independent as possible whilst being mindful of identified risks to people's physical and mental health and well-being.

People's needs were being reviewed on a regular basis. In some cases we saw that, even though staff were aware of any changes to people's care, records had not always been updated. We were informed that a new system of care planning, using computer tablets, was about to be introduced. We were told this system reduced the amount of time staff were filling in notes and so freed up more time to be with the people using the service.

Where people's needs had changed, usually because someone had become more dependent, the service had made the necessary changes to the person's care plan. We also saw positive examples where people's health had improved and the service was organising for them to return home.

There was a keyworker system in place which meant people had a designated staff member assigned to them to support them with day to day tasks as well as achieving longer terms goals and aspirations.

People could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. We observed people taking part in activities with the activities coordinator which included a painting session. We saw that this activity was having a positive effect on people's well-being.

We noted that a number of people living at the home were artists and musicians. We saw that their paintings were on display in their rooms and one person had a piano which they told us they enjoyed playing. They said, "I play the piano for people I find bingo and that kind of thing rather difficult to take. I sometimes go to bingo sessions. They do have singers, its lighter music." People told us that the registered manager sang at parties. A relative commented, "I think they are fantastic. [The registered manager] is so witty he sings for them he has a lovely voice; very good."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management and we saw information about how to make a complaint on notice boards throughout the home.

One person commented, "I would go to [the registered manager] I've not seriously made a comment; I don't

want to rock the boat. I do feel listened to." Another person told us, "I've never complained; luckily never had the occasion to. No complaints, no concerns or anxieties."

We looked at the complaints policy and procedure. Each complaint received was recorded on a complaints form. This form included a step by step guide to dealing with the complaint which included action to take if the complaint was not resolved or the complainant was not satisfied with the response. We noted that this process had not always been followed. We were aware of complaints that had not been resolved by the registered manager or the organisation. According to the home's policy, at this point the complainant should be referred to the Local Government Ombudsman (LGO) to consider the complaint further. We spoke with the director of the organisation about this. They immediately sent an email to all the services reminding them to follow the complaints procedure and refer people to the LGO if required.

We saw records that showed any complaints were reviewed and discussed with the management team as part of the organisation's quality monitoring procedures. The director of the company told us this review was undertaken on a regular basis to identify potential learning.

## Is the service well-led?

### Our findings

Staff were positive about working at Ash Court care Centre and the support they received from the registered manager and the management team. One staff member told us, "I'm happy in my job, the environment is friendly. The staff get along and there is teamwork. I can easily approach the manager. The residents have been here a long time and so we know them and what they want."

People who used the service and their relatives were also very positive about the registered manager and the way he managed the service. One person told us, "[The registered manager] is first class as a communicator. As a professional manager he is caring and finds it easy to make people feel comfortable when they are in an emotional state. His knowledge of what is necessary when people are in distress is exemplary. Communication is his best play and he can do that."

A relative commented, "[The registered manager] is very approachable very professional very supportive. He is leading a good team."

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with kindness, dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.

There were regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions. Staff gave us examples of where suggestions they made had been taken on board by the registered manager. This included making suggestions with regard to the activities that were available to people.

We saw evidence that the management team undertook various quality audits. These included audits of care records, risk assessments, medicine management as well as health and safety compliance.

We saw that, where issues had been identified as requiring improvement, these were being addressed appropriately and the required action was recorded.

There were records of meetings with people who used the service and their relatives. We saw that a number of suggestions that people had made had been actioned by the registered manager and there were notices around the home titled, 'You said; we did.' For example, as a result of suggestions from people using the service, the amount of activities had increased, an outside space had been created and broadband access was being improved.

There was a yearly quality monitoring survey that was given to people so they could give their views about the service. We saw that the results of the most recent survey were positive. This feedback included, "The ambience at Ash Court has brought my mother around and more like her old self. She is now settled and



joking and enjoying life at Ash Court" and "We as a family are very happy with mum's care. She is happy which is the most important thing for us."

Staff were also able to give their views via a staff survey.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building were satisfactory.