

Sunbreeze Healthcare Limited

# Ashlee Residential Care Home

## 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

### About the service

Ashlee Residential Care Home provides personal care to older and younger adults and people living with dementia. The service is provided in one adapted building, over two floors. There were 21 people using the service at the time of the inspection. The service can accommodate up to 21 people.

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

There was enough staff to provide safe and effective care. People were safeguarded as staff received training and understood their role in reporting any concerns to protect people from harm. Medicines were managed safely to ensure people received them as prescribed. Risk assessments were completed, and staff were suitably recruited into the service. Staff were aware of how to reduce the risk of infection and cleaning schedules were in place to support this.

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. When needed people's capacity was assessed to ensure that decisions were made in their best interests where they lacked capacity. People were supported to eat a healthy balanced diet and provided with the support they needed to keep well from health care services. Staff were provided with training to develop the skills and knowledge and meet people's care and support needs.

People were cared for by staff who knew them well and understood how they wanted to be supported. Information was available in an accessible format when needed, to help people understand information about the service. People had care plans which included information about how they wanted to receive their care which were reviewed regularly to reflect any changes. People knew how to raise concerns about the service and these were addressed following the provider's procedure.

People knew who the manager was and were confident that the home was managed well, Quality monitoring systems were in place and effective in driving improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 24/07/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Ashlee Residential 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.

### Inspection team

The inspection was undertaken by one inspector.

### Service and service type

Ashlee Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 six people who used the service and one person's relative about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, the registered manager from the provider's sister home, senior care workers, care workers and the cook. We also spoke with two professionals who regularly visit the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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, through quality assurance records, sent to us by email after the inspection.

# Is the service safe?

## Our findings

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

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe with the staff and told us the home offered a safe environment for them. One person told us, "I feel very safe and I am happy here." Another person told us, "The staff help me to keep safe. They check on me and ensure I am safe and well."
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedures. Information regarding safeguarding and reporting concerns were available within the home.
- The registered manager was clear on their responsibilities to report concerns. Where concerns had been identified they had informed the local authority to make sure people were protected and informed us of incidents that had taken place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and managed well. For example, where people were at risk from falls, equipment was in place to support them in moving safely.
- The registered manager completed a monthly overview report following each health and safety incident and accident. They used this to look for any patterns or trends and act as needed to minimise risk.
- Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

Staffing and recruitment

- People told us staff were available to support them as needed. One person said, "There are staff available when you need them." Another person said, "The staff are lovely, they are always checking I'm alright."
- We saw sufficient staff were available to keep people safe and meet their personal care needs.
- When staff were recruited, the appropriate references and checks were completed in line with current guidance. We saw, and staff confirmed that all checks had been undertaken before they started work.

Using medicines safely

- Medicines were safely managed, stored securely and given when people needed them.
- Staff spent time with people when administering their medicine, to ensure they were taken before signing their medicine record.
- We saw that recognised standards were followed by staff when administering people's medicines.
- Staff who administered medicines received training and had their knowledge and practice assessed to ensure people received their medicine safely.

- Medicines audits were undertaken, to enable the registered manager to identify and address any errors promptly.

#### Preventing and controlling infection

- The home was clean and housekeeping standards maintained. One person told us, " My room is kept clean and tidy."
- Housekeeping staff followed a cleaning schedule and infection control audits were undertaken.
- The registered manager was aware of their responsibilities to report any outbreaks to the relevant authorities.
- Staff followed good infection control practices and used personal protective equipment, such as disposable gloves and aprons to prevent the spread of healthcare related infections.



# 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.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. 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 needs were assessed before they moved into the home to ensure they could be met and included sufficient detail, to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Care plans contained information to support people's specific health conditions and dietary requirements.
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Induction procedures ensured staff were trained in the areas that were relevant to their roles.
- Staff received training for their role and were provided with support on a regular basis by the registered manager. One member of staff told us, "The training is very good and if we want any additional training in certain areas, the manager organises this for us." Another member of staff said, "I definitely feel supported by the management team, everyone works together."

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

- People were supported to have a balanced diet and made choices about the kind of food they enjoyed. One person said, "The food's fantastic."
- We observed the support people received at the lunch time meal and saw that when needed people were supported to eat. This was done at the person's own pace and we saw staff enabled people to do as much for themselves as they could.
- The cook and staff team were aware of any specialist diets that people had and ensured people were supported to follow their required diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed they were supported to access health care professionals as and when needed, such as GP's, district nurses, chiropodists, opticians and dentists.
  - Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. One visiting health care professional told us, "The manager takes on board what we instruct and makes improvements. They manage the home well and work well with us."
- Adapting service, design, decoration to meet people's needs

- Assistive technology was in place and used to support people as needed.
- The design of the building enabled access for people that used wheelchairs and people could walk around with or without staff support as needed.
- People were able to speak with their visitors in private if they wished to.
- Equipment such as hoists were available for people to move safely when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this; such as mental capacity assessments and best interest decisions. Care plans guided staff on how the person's needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.
- Six people were under the local authority restriction of a DoLS. The registered manager confirmed that applications had been made for a further four people. Staff were clear on the need to support these people in the best interests to keep them safe.

# 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.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. 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 saw, and people confirmed they were treated with kindness and consideration by the staff team. One person told us, "The staff are all lovely, I can't fault them at all, they will do anything for you." Another person said, "The staff help me when I need it and they know what I can do for myself; they aren't intrusive, but it's nice to know they are near and that they care about me."
- Our observations and discussions with staff demonstrated that they knew people well. This helped them to ensure people were supported in their preferred way.
- People were supported with consideration when they became confused. For example, staff took time to explain and support a person with their lunch time meal. This ensured they ate a sufficient amount to meet their dietary needs.
- Staff understood people's communication methods and we saw staff could communicate effectively with people. Information regarding people's method of communication was recorded in their care plans. This included details about people's vision, hearing and any aids they used.

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

- People were supported as needed to make choices about the care they received. One person told us, "The staff are wonderful, they do provide support when I need it, but I spend my time as I want to." We saw that people chose what they wanted to do and moved around the home freely.
- Some people were less able to express their choices and we observed staff supporting them with decisions. They spent time explaining options or showed people the choices available, such as the choice of meals on offer.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. Some people preferred to spend time in their bedroom and they confirmed to us that this was respected by the staff. One person said, "The staff do look after me but it's pretty easy going here. I like my own company and that isn't a problem here."
- We saw, and visitors told us they were welcomed by the staff team.
- Staff were courteous and caring towards people. We saw that people's dignity was promoted when they were supported to use the bathroom or required support to move; this was done with consideration to the person.
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to

authorised staff.

# Is the service responsive?

## Our findings

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

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. 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; 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 participate in social and recreational activities and an activities coordinator was employed to support people with their interests. The activities provided were based on people's interests which ensured their holistic needs were met.
- People were keen to tell us about the home and how they were happy living there. One person said, "I love living here. I wouldn't want to live anywhere else." Another person said, "I think this is a very good care home. I am very happy here."
- People were supported to practice their faith and maintain their beliefs through the local church ministers who visited people as requested.
- Staff knew people well and care plans were in place that were personalised, detailed and regularly updated.

### 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 complied with the Accessible Information Standard. Information was available in an accessible format to support people's understanding, this included signage around the home, and information in a pictorial or easy read format.

### Improving care quality in response to complaints or concerns

- People were confident that they would be listened to if they raised any concerns. One person said, "If I had any concerns I would just tell the manager and they would sort it for me, but I don't have any."
- Information was available, this included an easy to read version to explain to people how to raise concerns.
- The service had a procedure in place to manage complaints. We saw that complaints were addressed in a timely way and in accordance with the provider's procedure.

### End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. The registered manager and staff team knew who to involve at this important time of people's lives, such as palliative care

teams and GP's.

- Where people had expressed their views regarding their care towards the end of their life, this was recorded.

# 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.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour responsibility.

- Quality audits were in place to measure the success of the service and to drive improvement. For example, monthly audits were undertaken; this included audits of support plans, risk assessments, health and safety, infection control and staff training and development.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Managers and staff are clear about their roles; Planning and promoting person-centred, high-quality care and support.

- Staff told us they felt well supported and able to develop in their role. Most staff had achieved a level three diploma in health and social care or were working towards it. Staff confirmed they were supported by the management team. One member of staff told us, "The management team are very supportive and always available when needed." Another member of staff said, "We all work as a team, including the manager."
- Staff spoke positively about the culture of the service. They confirmed, they worked closely together to support one another and share information. They talked about the individualised support people received and the positive team work.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- People told us they were happy with the support they received and confirmed their views were sought. One person said, "There are meetings to discuss my care and there are group meetings where we decide on what we want to do, like trips out and things to do in the home."
- People and their relatives knew who the registered manager was. They told us how approachable and friendly the staff and registered manager were. People were confident in the management of the care home and told us it was well run.
- Meetings were held with people and relatives to gather their views and drive improvement. For example, following feedback from people that used the service, we saw activities were based on their interests, such as gardening, arts and crafts and exercise classes.
- We saw that people were empowered to be involved in events at the home to raise money for their preferred activities, such as trips to the coast.

- There were good relationships with local health and social care professionals and with the local community.