Mrs P M McKenna

Ashley House - Guildford

Inspection report

Christmas Hill, Kings Road
Shalford
Guildford
Surrey
GU4 8HN

Tel: 01483561406

Date of inspection visit:
09 March 2018

Date of publication:
30 April 2018

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 9 March 2018 and was unannounced.

Ashley House - Guildford 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. There are six double bedrooms with en-suite showers and toilets and 15 single occupancy rooms with en-suite toilets. People also have access to communal shower rooms and toilets. A passenger and stair lift are available for access to parts of the accommodation. The service has well-maintained gardens.

At the time of the inspection, 17 people were using the service.

A registered manager was 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.

At the last inspection of 9 and 10 November 2015, the service was rated Good.

At this inspection, we found the service remained Good.

People continued to receive care that protected them from abuse. The registered manager assessed and reviewed risks to people's safety and well-being. Staff minimised the risk of harm and avoidable incidents. People's medicines were administered and managed safely.

People received care from a sufficient number of staff who underwent safe recruitment practices. Staff followed good hygiene methods to prevent and control the risk of infection.

People's needs were assessed, planned and delivered in line with evidence-based practice. Care delivery met the requirements of the Mental Capacity Act 2005 (MCA). People consented to care and treatment. Staff were supported, supervised and trained to deliver care effectively.

People received food that met their preferences and dietary needs. Staff supported people to maintain good health and access healthcare services. The premises were suitably adapted to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were treated with kindness and compassion. Staff knew people well and provided emotional support when needed. People were involved in making decisions about their care and staff respected their

choices. People had access to advocacy services when required. People had their privacy, dignity and confidentiality respected.

People's needs underwent regular reviews to identify any changes to their care and support requirements. Staff followed guidance to provide care that responded to people's needs. People had opportunities to engage in activities and to maintain their independence. People knew how to make a complaint and were confident any issues raised would be resolved.

People's care delivery was at the heart of the service. People and staff were happy about the management of the home. Staff understood and championed the provider's vision to deliver person centred care. The registered manager was approachable and available to support staff in their roles. The quality of care underwent regular checks to drive improvement. Other agencies were involved to share best practice guidance and to improve care delivery.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Ashley House - Guildford

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 took place on 9 March 2018. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This was a routine comprehensive inspection as we had rated this service 'Good' at the last visit on 9 and 10 November 2015.

Prior to our inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with seven people using the service, four relatives and two healthcare professionals who were visiting the service. We also spoke with four members of care staff, a deputy manager, the registered manager and the provider.

We undertook general observations and formal observations of how staff treated and supported people throughout the service.

We looked at four people's care records, information about the management of the service and quality monitoring reports. We reviewed five staff records that included recruitment, training, supervisions and appraisals.

Good

Is the service safe?

Our findings

People said they were safe at the service. Comments included, "The doors are locked at night", "Staff check on us throughout the day and at night" and "I have a safety mat, so staff know when I'm trying to get up."

People continued to receive safe care that protected them from the risk of abuse. Staff attended safeguarding adults training and knew how to identify and report abuse. One member of staff told us, "The first step is to ensure the immediate safety of the resident and then reporting to the manager." Staff understood the safeguarding procedures and their responsibility to inform the registered manager and external agencies of poor practice. The registered manager knew when to contact the local safeguarding team about concerns to people's safety.

People were protected from the risk of avoidable harm. The registered manager assessed and reviewed risks to people's health and well-being. Staff followed guidance to ensure people were safe while promoting positive risk taking such as encouraging them to maintain their independence. People had mobility aids which encouraged them to walk without fear of falls. Daily observation records showed staff supported people safely and informed the registered manager of any changes that might pose a risk of harm.

People lived in a well-maintained and clean environment. The premises were tidy and free from malodours. Staff used personal protective equipment such as gloves and aprons to minimise the risk of infection. Staff received food hygiene training and knew how to control and prevent the spread of infection. The registered manager monitored and checked the cleanliness of the service and staff's practice to ensure they maintained high standards of hygiene. Records showed repairs and maintenance were carried out when needed. Gas, electrical and water checks, ensured people lived in a safe environment.

People's care delivery protected them in the event of an emergency. Appropriate plans remained in place to protect people in an emergency. The provider maintained fire equipment and emergency exits. Fire risk assessments were up to date. Staff knew how to the evacuate people in the event of an emergency.

People received care from suitable staff. The provider carried out pre-employment checks that included obtaining applicant's criminal record checks, references, proof of identity and evidence of their right to work in the UK. New staff completed a probation period that was signed off by the registered manager once completed.

Staff met people's needs in a safe and timely manner. One person told us, "I have a call button which I can use whenever I need to and staff come to check what I want." People received support to undertake personal care or activities. Duty rosters showed people received support from a regular staff team, which ensured consistency in care delivery. Staff said they were happy about the staffing levels which allowed them to attend training and go on annual leave. We observed staff spending time with people and providing care that was not rushed.

People had their medicines administered and managed safely. Staff received medicines management

training and followed safe practices. Staff administered people's 'as required' (PRN) medicines in line with the provider's protocols. Medicines administration records were completed indicating people received their prescribed medicines as required. Regular checks and internal and external medicines management audits showed no concerns and highlighted that staff followed procedures and best practice guidance. Medicines were stored safely and securely.

People's care delivery minimised the risk of avoidable harm. Staff reported and recorded incidents and accidents to enable the registered manager to carry out investigations. The registered manager analysed incidents and encouraged staff to reflect on what had gone wrong. This helped to minimise the risk of a recurrence. Staff knew triggers or events that could lead to incidents such as a person not having access to their mobility aid which could result in a fall or boredom from loneliness. Staff followed guidance in place to minimise the risk of incidents occurring.

Good

Is the service effective?

Our findings

People received care in line with best practice guidance and current legislation. People using the service, their relatives when appropriate and health and social care professionals were involved in assessing their needs. This enabled the registered manager to determine the suitability of the placement in line with staff skills and experience required to meet people's needs effectively. Care and support plans were detailed and included information gathered at assessments and guidance from health and social care professionals. The information included people's backgrounds, communication needs, routines and their likes and dislikes which enabled staff to understand how people wanted their care delivered. Daily observation records showed staff delivered people's care as planned to meet their needs.

People were supported by staff who had the appropriate skills and experience. New staff completed an induction which included meeting people, reading care plans, policies and procedures and working alongside experienced colleagues. New staff completed the Care Certificate, training which outlined a set of standards that health and social care workers have to adhere to in their work. Staff attended the provider's mandatory training and refresher courses to equip them with the knowledge and skills to enable them to deliver person centred care. Staff received support in their roles. Records confirmed they had supervision to discuss any concerns, teamwork and best practice guidance. Staff attended performance appraisals and learning and development plans were developed to improve their practice.

People were happy with the quality of food provided. Staff involved people in menu planning and encouraged them to maintain a healthy and balanced diet. People told us they had sufficient amounts to eat and drink. Staff provided food and refreshments that met people's preferences. Staff knew people's dietary needs, cultural, religious and individual food preferences. People had choices of alternative foods if they wanted something off the menu. We observed people having their dinner. Food served looked appetising and well presented. Soft music enabled people to hear each other as they talked during the mealtime. Staff monitored people's eating patterns and weight and knew when to make a referral to healthcare professionals if they had concerns.

People continued to receive support to maintain their health and well-being. One person told us, "A doctor comes to see us every Friday." Healthcare professionals commented that the registered manager and staff monitored people's health conditions, made referrals in a timely manner and followed guidance. Staff supported people to access healthcare services and to attend appointments. A GP visited the service once a week and met with people to discuss their health needs and for check-ups. Records showed people received services from other healthcare professionals such as community nurses and chiropodists. People had health action plans which indicated the professionals involved in their care, the support they required to keep healthy and details of medical reviews and appointments. Records showed outcomes of people's visits to healthcare professionals. Staff followed guidance to monitor and meet people's needs.

People lived in suitably adapted premises. People were involved in decorating and furnishing their rooms according to their preferences. Communal areas were painted and decorated with art and paintings, some made by people using the service. People had access to well-maintained gardens.

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 Mental Capacity Act 2005 (MCA).

We checked whether the service was working within the principles of the MCA. We found that staff understood and followed MCA requirements when delivering care. People told us staff asked them how they wanted care provided and respected their choices. Staff understood their responsibility to support people who were unable to make decisions about their care. They reported to the registered manager any concerns who then made a referral to health and social care professionals for best interests meetings.

Good

Is the service caring?

Our findings

People using the service and their relatives consistently commended staff for their kind and caring approach to care delivery. Comments included, "Staff are very good and caring", "They are lovely" and "Staff are very friendly and polite." People said staff listened to them and provided emotional support when needed for example, when they experienced anxiety.

Staff had information about people's histories, routines and preferences and how they wished to spend their time. Staff knew people well and were able to describe how they used the information they held about each person to deliver care in line with their preferences. We observed staff engaging in meaningful conversations with people centred on each person's history. This enabled them to develop positive caring relationships. People told us staff respected their routines and were flexible so that they could have a lie in if they wanted to or spend time alone.

People were involved in planning and making decisions about their care. Care records showed staff respected people's individuality by asking about and respecting their choices and wishes. A member of staff acted as a keyworker to coordinate a person's care with their family and health and social care professionals. Records showed key working minutes in which people discussed with staff their interests, concerns and the support they required. Staff informed the registered manager about people's views and updated care plans to reflect their needs.

People had information about services available to them in a format they understood. This enabled people to understand and speak with staff about the care they required. The provider ensured people had access to advocacy services to help them express their views about their care and to have access to equal opportunities. People discussed their goals and aspirations and how they wanted staff to provide their care. Daily records showed staff delivered person centred care in line with people's wishes.

People continued to be cared for in a respectful and dignified manner. Staff were aware of the importance of equality and diversity and treated each person as an individual, respected their cultural and religious needs and provided care as they wished. Staff respected people's privacy by knocking on bedroom doors, giving them space when they wanted to be on their own and sharing information appropriately. Staff told us they respected people's choices and their sexuality. We observed staff talking to people in a respectful manner, listening to them and showing interest in what they had to say.

People's records were securely and safely stored to maintain their confidentiality. Staff shared information about people when authorised to do so and held handover meetings in a closed room away from visitors.

Good

Is the service responsive?

Our findings

People continued to receive care that met their individual needs. People using the service and their relatives when appropriate were involved in regular reviews of their care plans. Care plans highlighted people's needs and the support they required. Staff followed support plans in providing care that responded to people's needs. Staff were aware of people needs and how they wished to have their care delivered. Staff encouraged people to discuss their aspirations and set personal goals for example, developing a new interest and undertaking activities. Staff discussed at daily handover meetings people's changing conditions including the support they required. Records confirmed updates were made about changes to people's health and well-being, preferences and the support they required. Daily observation records showed people received care that responded to their needs.

People enjoyed taking part in a variety of activities. One person told us, "I said flower arranging and they got a lady in so we did flower arranging. I love doing that." Staff asked people what activities they liked and ensured they provided the support needed. Care records showed people's interests, preferences and hobbies. For example, staff ensured one person had bird feed and that they could enjoy bird watching from their window. People were happy with the external entertainers who provided entertainment such as the pianist. Staff supported people to take part in individual or group activities such as arts and crafts, quizzes, puzzles and instrument playing. This person centred approach ensured people received support appropriate to their individual needs and preferences. We observed people enjoying a music session provided by a professional entertainer.

People received the support they required to maintain relationships that mattered to them. One relative said, "Staff encourage family involvement." Staff supported people to maintain their religious beliefs. One person told us, "Every couple of weeks a minister or a priest comes here on a Friday or Saturday." Family and friends said they were welcomed at the service and did not have any restrictions to the times they visited. People told us they went shopping and accessed the community with their relatives and friends.

People using the service and their relatives were comfortable making a complaint if they were unhappy with any aspect of the service. People had access to the complaints procedure and were confident the registered manager would seriously investigate any issues raised. Appropriate systems remained in place to resolve concerns and complaints raised and included information about where people could take their grievances externally if they were unhappy with the provider's response. This showed the provider had an open and honest manner of handling complaints to ensure people received appropriate care. There had not been any complaints raised in the last 12 months. We read positive comments written to the registered manager commending the high standards of care. These included, 'We could not fault anything, the room, food, cleanliness, personal care, entertainment and friendliness of all the staff' and '[Person] could not have been anywhere better.'

People had opportunities to share their views about the service. Staff held regular meetings with people where they discussed events at the service and any changes they wanted. Minutes of meetings showed people suggested changes to the menu and discussed other activities they wanted to have. The registered

manager followed up on issues raised and acted on them, for example introducing additional individually based activities.

People's end of life care needs were met. One relative had written to the registered manager stating that, 'We will be eternally grateful for making [person's] final months very happy and content'. People discussed their end of life care needs and staff supported them to have their views known. Staff maintained records of people's preferences about where they wanted to spend their last days and who they wanted involved in their care. Staff had received end of life care training and felt confident to support people appropriately. Staff worked closely with healthcare professionals to ensure people at the end of their lives experienced a comfortable, pain free and dignified death.

Good

Is the service well-led?

Our findings

The registered manager worked closely with a deputy manager and a team of experienced care staff. The provider was actively involved in the running of the service and worked alongside the registered manager to make the necessary improvements. The registered manager and provider understood their responsibilities in line with the registration requirements of the Care Quality Commission (CQC). They submitted notifications to CQC. The provider displayed their CQC registration certificate and ratings from the previous inspection. The provider reviewed and updated policies and procedures to provide guidance to staff about how to deliver care in line with best practice guidance.

People and staff described the registered manager as supportive and approachable. Comments included, "Hands on" and "A committed manager who is very passionate about the resident's welfare." Staff told us the registered manager encouraged them to be open and honest about the manner they delivered care and to learn from their mistakes when things went wrong. Staff said they would not hesitate to whistleblow on poor practice. The registered manager was passionate about providing person centred care and was always looking for ways to develop the service.

People's care delivery underwent regular checks and monitoring to determine the effectiveness of service. Quality assurance systems were appropriate and used to identify any shortfalls. There were audits on medicines management, care planning and record keeping. Findings of previous audits showed people received person centred care as planned in line with current legislation. Premises and health and safety audits indicated the provider took the safety of people seriously. There were regular maintenance, repairs and refurbishment carried out when needed. People shared their views about the management of the service and care delivery through regular surveys and questionnaires. The registered manager audited staff practice and maintained training and supervision schedules to ensure they received appropriate support.

People had their views about the service sought and considered. The provider engaged external consultancy services to review people's experiences of using the service. Staff adopted recommendations which ensured a positive impact on people's well-being for example, increased interaction with people during meal times if people wished to be engaged. People using the service and their relatives said the registered manager had an open door policy and felt empowered to contact her at any time about developments at the service. They attended regular meetings where they discussed the care provided. They said the registered manager and provider valued their ideas and took action when needed.

People and staff said the registered manager showed an interest in their safety and well-being, was hands on and visible at the service. Staff understood their roles and responsibilities to deliver person centred care. The provider had oversight of care delivery and responded to the registered manager's requests for resources to develop the service.

Staff attended regular meetings where they received updates about the management of the service and the quality of care delivery. Minutes of the meetings showed staff were able to raise concerns and discuss improvements to the service. The registered manager addressed issues raised to develop the service and

improve the quality of care provided.

People enjoyed improved care delivery because of the close partnership between the registered manager and other agencies. Health and social care professionals commended the registered manager for championing people's well-being and ensuring that staff provided high standards of person centred care. The registered manager attended external meetings, training and ensured staff adopted best practice guidance provided by health and social professionals.