Ashlyn Healthcare Limited

Ashlyn

Inspection report

Vicarage Wood
Harlow
Essex
CM20 3HD

Tel: 01279868330

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 22nd April 2016. Ashlyn is a residential care home providing care and accommodation for older adults some of whom are living with dementia. There are currently 54 people who use the service.

The service has 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 risks were not always well managed due to poor or inconsistent recording practices.

On the day of inspection we saw there were sufficient, suitably recruited staff employed to keep people safe. However people and staff reported that this was not always the case. The registered manager advised us that steps had already been taken to address the shortfall and new staff had been recruited.

The provider had suitable arrangements in place for the management of medicines and people received their medicines safely.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to carry out their role effectively. A system to provide regular supervisions and appraisals was in place and there was a regular programme of training with opportunities planned for specialist training relevant to meeting the needs of the people using the service.

People were supported to have enough to eat and drink and to access health care services to maintain their health and wellbeing. When people became unwell staff sought the appropriate support.

Care workers had positive relationships with people who used the services. Care was personalised and met people's individual needs and preferences.

People, or their representatives, where appropriate, were involved in making decisions about their care and support and felt listened to and included.

Care workers treated people with dignity and respect and promoted people's independence.

People were supported to maintain relationships that were important to them. Staff interacted with people, supporting them to engage in activities of their choice.

The provider had a complaints procedure in place and people who used the service knew how to use it. People's concerns and complaints were listened to and addressed in a timely manner.

Staff told us that they were well supported by the management team and felt confident that any concerns they raised would be listened to and dealt with fairly.

The provider had systems in place to monitor the quality of the service and this was used constructively to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements in monitoring and recording risk were required.

There were not always sufficient numbers of staff available to support people. However new staff had recently been recruited to address the shortfall.

People were protected from the risk of abuse.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

The provider and staff worked within the principles of the MCA to ensure that people were supported to give consent and make decisions.

Staff were supported and trained to be effective in their role.

People's nutrition and hydration needs were met.

When people required support with their health care needs they received it in a timely manner.

Is the service caring?

Good

The service was caring.

Staff had built positive caring relationships with people they knew well.

People were treated with dignity and respect.

People were involved in their care, treatment and support.

People's privacy was respected

Is the service responsive?

Good

The service was responsive.

Care was personalised and delivered in accordance with people's preferences.

People were supported with opportunities to engage in activities of their choice.

The complaints procedure was accessible to people and their relatives.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post.

The management team was approachable and supportive to staff.

People and relatives had a say in how the service was organised.

Systems were in place to monitor quality and drive improvements.

Ashlyn

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.'

This inspection took place on 22nd April 2016 and was unannounced. The inspection team comprised of three inspectors 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.

Prior to our inspection we reviewed all the information we had available about the service, including the Provider Information Return (PIR). The PIR 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 also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with nine people who used the service and three relatives. We also spoke with the registered manager, deputy manager and six care staff. We reviewed ten people's care records and a selection of documents about how the service was managed. These included, five staff recruitment files, induction and training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I love living here, I have security, it makes me feel safe."

People had call bells in their rooms and could call for help if needed. There were mixed views regarding how staff responded to call bells. One person said, "If I use my buzzer they come but not always as quickly as I would like." Another person told us, "When I call they [staff] come but they are quite busy so it might take ten minutes, they are often short of staff and have to get people from elsewhere." However another person said, "There's no waiting. If I feel rough, they're very good, I call and they are there. " During the day we tested the response time of staff to the call alarm system on two separate occasions and found they responded promptly.

On the day of inspection we observed that there were sufficient staff to keep people safe. However feedback we received from staff and people who used the service was that they felt there was not always enough staff, especially at weekends. A member of staff told us, "I love my job but sometimes we are so short-staffed. The other weekend no-one would come in, both Saturday and Sunday." The worker told us that the impact of this was that staff and people were stressed as they couldn't maintain their regular routines. A person we spoke with told us that they and other people in the lounge had waited a long time to be supported to get to bed at night. We also saw that people in the downstairs dining room waited for thirty minutes to be given their meals due to staff being busy serving people in the lounge area and in their rooms as well as supporting people in the dining room.

We spoke with two healthcare professionals who felt that although staff were very good and worked hard there were not sufficient numbers to support people and keep them occupied. We spoke with the registered manager regarding staffing levels who told us that recruitment was a particular challenge for the service. However they were in the process of recruiting two activity co-ordinators and four more care staff and on the day of inspection the registered manager interviewed and offered a post for a new team leader. This recruitment drive was in place to address the shortfalls which had been identified by the management team. We wrote to the registered manager after the inspection who confirmed that five new members of staff were now in place including an activities co-ordinator.

We saw there were systems in place to assess and manage risk and that people were involved in decisions around how risk was managed. The service operated a 'resident of the day' scheme whereby a person on each floor was identified each day to receive a review of their care plan which included ensuring that risk assessments were updated monthly so that staff had the most up to date information to support people safely. However there were some instances where the information recorded was not consistent which could result in confusion for staff. Furthermore, in two care plans we reviewed we found that despite risks being identified with regard to pressure care which required people to be repositioned every two hours there was no documented evidence to say that this had happened. We spoke with the registered manager who acknowledged that there had been a failure by staff to keep up to date records of people's pressure care needs and to record when people declined to be repositioned. At the time of inspection there was one person living at the home who had pressure ulcers and two people had been identified as having sore red

skin and required a referral to the district nurse.

Despite failings in terms of recording risk, staff we spoke with were able to demonstrate a good understanding of the risks specific to the people they supported and how to manage these in their daily practice. For example a staff member told us, "[Person] is at risk of falls so I always make sure they have their glasses and are wearing the right shoes to minimise the risk."

There were systems in place to manage people's medicines safely. Staff confirmed and we saw evidence that only the senior staff who had been trained and assessed as competent administered people's medicines. Medicine administration records (MAR) charts had been completed correctly and there were no omissions of the staff signatures which confirmed the staff had administered the prescribed medicines. Medicines no longer required had been returned to the pharmacy for safe disposal.

Regular checks were carried out to ensure that all medicines received into the home were accounted for. People who were prescribed medicines to be used 'as required' (PRN) had clear guidance in place to inform staff of when to use these. Stock records for people's medicines including controlled drugs and medicines to be returned were up to date and accurate.

We observed two members of staff completing medicine rounds. People were spoken to in a caring way and were offered drinks and not rushed. However, we found that on two occasions one staff member handled tablets without gloves when placing them in people's hands or mouth. We spoke with the worker who was not aware that this was not good practice. We discussed our findings with the deputy manager who confirmed they would address the issue with the staff member concerned to ensure correct infection control procedures were followed.

Staff understood how to protect people from harm and were aware of the tell-tale signs that could alert them that someone was being abused. Staff knew how to report concerns and were confident that if they raised an alert the registered manager would deal with any safeguarding concerns quickly in order to keep people safe. We saw that the registered manager recorded and dealt with safeguarding issues, including notifying us of concerns in a timely fashion.

We found that the recruitment of staff was thorough to ensure only suitable people with the right skills were employed by the service. Checks on the recruitment files for four members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff were aware of the process for reporting accidents and incidents. These were logged onto an electronic system by the registered manager and overseen by the regional team who used the information to monitor that the correct action had been taken to minimise the risk of re-occurrence.

Records relating to health and safety, maintenance & fire drills were all maintained and any necessary action identified was taken. The service employed a maintenance worker to carry out safety tests such as emergency lighting and make any necessary repairs and modifications to keep the environment safe.

Good

Is the service effective?

Our findings

We found that staff had a good awareness of people's needs and were able to demonstrate that they understood how to provide appropriate care and support to meet those needs effectively. We spoke with two healthcare professionals who told us they found staff to be efficient and knowledgeable. Staff were thought of as pro-active in seeking guidance and keen to learn to provide effective support to people.

We saw there was a structured induction programme for staff in preparation for their role. This included a three day classroom based induction followed by shadowing experienced staff and reading people's care plans and life histories so that they could get to know people's needs and how they liked them to be met. Staff then received on-going training which was a mixture of E-learning and classroom based training to support their continuous learning and development.

Staff received practical training in moving and positioning people from a senior member of staff who was trained as a trainer. We found that the home had a range of equipment such as hoists and slings. Despite a lack of detail in the care plan regarding the use of equipment such as slings we observed staff using equipment safely and competently throughout the day. Staff reassured people when moving and positioning them and people looked comfortable and at ease.

We saw that Management kept electronic records of staff training to ensure that all training was up to date. The provider had links with external healthcare professionals who provided additional training to meet the specific needs of people who used the service. For example a worker told us that they had received Gulp' training from the district nurse which supported staff to identify and recognise the signs of dehydration and understand the importance of hydration for people that might be at risk.

Regular supervision was provided to staff through bi-monthly one to one sessions. These were used as an opportunity to identify any learning needs to support professional development of staff for the benefit of people who used the service. Supervision was used pro-actively to highlight any issues around practice and work with staff to develop action plans to improve service provision. Regular appraisals were also completed to assess and monitor staff competency levels.

The Mental Capacity Act (MCA) 2005 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that systems were in place to protect the rights of people who may lack capacity to make particular decisions and, where appropriate, decisions were made in a person's best interests in accordance with legislative requirements. Records indicated that staff had received training in the Mental Capacity Act and staff were able to demonstrate that they understood and applied the principles of the act in their daily practice. For example, staff were able to tell us how they supported people to make choices on a day to day

basis such as choosing what they would like to wear or what they would like to eat and drink. A staff member told us "We always assume people can make decisions and give them choices." "We will show people pictures to help them and at meal times show them different plates of food so they can choose."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the manager had made appropriate DoLS referrals to the local authority where required to safeguard people whilst upholding their rights.

The service supported people to have enough to eat and drink to maintain their health and wellbeing. On the day of inspection we observed that people had access to hot and cold drinks of their choosing throughout the day. We saw that those people who stayed in their rooms had jugs of water within reach and their glasses were kept topped up.

We observed breakfast time upstairs for people living with dementia. It was very relaxed and people had a choice to sit at the dining table or at tables in the lounge area. They were offered a choice of toast, bacon sandwiches or cereal and fresh fruit. At the lunch time meal we saw that the tables were well presented with table cloths, flowers and napkins laid out and condiments were available. A serving trolley was plugged in to ensure the food was kept hot. There was a choice of three cold drinks offered and two meal choices available. Those people living with dementia were given additional support to help them to make a choice with both meal options plated up and presented for them to choose. People were left to eat at their own pace and staff made sure they didn't want any more before taking plates away. There was no choice of dessert however people were given the choice of ice-cream or custard. We found that staff were familiar with people's preferences for tea and coffee and whether they had their own mug or preferred a cup and saucer.

In the downstairs dining room we observed that staff were more hurried and did not have time to chat with people and some people waited a long time to get their meal. We saw one person helping another person to eat by cutting up their meal for them. They told us, "I often help [Person] as they can sometimes struggle with cutting their food."

People told us the food was generally good. Comments received included; "Meals are very good". "The food is not too bad at all here." "The foods alright, anything you want you can have." One person said, "I've only got one complaint, feel the plate, its cold."

People's nutritional needs had been assessed with care plans that reflected how their needs were to be met which we saw put into practice. For example during lunch we saw a person who had fallen asleep at the table and not eaten their meal. Staff took the person's plate away and gave them a bowl of custard which they then ate. We looked at this person's care plan which recorded that the person often fell asleep at mealtimes and declined food. The care plan stated that if this happened then they should be woken and tempted with their favourite food which was custard.

People identified at risk of malnutrition or dehydration had fluid and food charts and were regularly weighed. These records were monitored so that the staff knew that people were receiving sufficient nutrients to maintain their health. In some instances people had been prescribed food supplements.

The care records we saw also showed the service worked effectively with other health and social care services to ensure people's healthcare needs were met with people having regular access to the GP, optician, dentist, chiropodist and district nurse as required.

Good

Is the service caring?

Our findings

We found the service was caring and people were respected by staff, treated with kindness and were listened to. People told us that staff were caring. One person said, "The girls are lovely, they always help me, we have a laugh here."

Throughout the day we observed staff treating people in a respectful manner. Staff engagement with people was positive and people and staff appeared comfortable in each other's company. We saw a high level of interaction and friendly chatter between people and staff. One person told us, "We all get on and the staff get on alright with us too." "They're nice our staff, nice people, it's a nice place, there's no 'can't do it'." "The girls and boys get on together, we don't have nasty arguments. You never hear swearing. That's what we like about it."

Peoples care plans contained information about their preferences and staff were familiar with people's likes and dislikes and knew them well. This knowledge enabled staff to build positive caring relationships with people and understand what people were trying to communicate through their behaviours. A member of staff told us, "[Person] likes to be greeted with a cuddle and a kiss on the cheek." "With [Person], we will ask them to dance as they were a dancer or we will bring them a soft toy as they love cats."

Because staff knew the people they cared for they were able to alleviate people's distress. For example we noticed a person in the foyer appeared anxious. A member of staff noticed immediately and asked us to leave as our presence was making the person distressed. The staff member explained that the person was very protective of that area of the home and became agitated if strangers encroached on it.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people to protect their modesty when providing personal care and providing any personal support in private.

People and relatives told us they felt included in the planning of care and support and felt that they were listened to. One relative said, "The guy here [deputy manager], I can discuss things with him. I know where the care plan is and there are scheduled meetings with me."

Good

Is the service responsive?

Our findings

We looked at the care records for ten people which were stored electronically. The records explained how people would like to receive their care, treatment and evidenced that people and their relatives were included in the care planning process.

The care plans that we looked at provided information that was specific to each person. They were written in a person centred way which means they were all about the person and their preferences. The information gathered included information about people's life histories and took account of their needs and wishes, abilities and likes and dislikes.

The service reviewed peoples care plans monthly or sooner if there was a change in a person's circumstances for example, if a person's abilities improved or deteriorated. During our observations on the day we saw that the care and support people received was an accurate reflection of what was written in their care plans.

Staff told us that part of their induction involved reading people's care plan to gain insight into their life histories so that they could provide individualised care and support in the way that people preferred. We found that staff were familiar with people's life stories and used this information to engage with people in meaningful ways and encourage reminiscence which was particularly beneficial for people with dementia. A worker told us, "[Person] has a book about their life in their room, we read it together. They are not very talkative, we use the book to encourage them."

Because there were no activity co-ordinators in post at the time of inspection there was no structured in-house activities programme in place. However the service had put together a programme of entertainment from external providers. During the morning we observed a musician entertaining people upstairs in the lounge area. We saw people smiling and clapping whilst singing along to the songs supported by members of staff who joined in. The registered manager wrote to us as after the inspection to confirm that an activity co-ordinator was now in post who was in the process of setting up in-house activities including a gardening club which had been requested by people who used the service.

Aside from the entertainment programme people were supported to engage in ad hoc activities throughout the day with each other and with staff. For example we saw staff playing board games with people and staff and people socialising with each other, enjoying a cup of tea and a chat. A worker told us, "We all pitch in with activities, we will take people out shopping and to the local charity shop which they enjoy." One member of staff owned a dog which they brought into the home for people to interact with. People told us they enjoyed the experience and that it brought back cherished memories of pets they had owned in the past.

People told us they were aware of how to make a complaint and would feel confident to do so and felt that they would be listened to. The service had an electronic system in place to manage any complaints. The system flagged up any complaints which were not dealt with within twenty-eight days to ensure people

received a timely response to their concerns. We saw written records which showed that where people complained they received letters of acknowledgement and investigation reports were completed which addressed people's concerns and provided them with an outcome to the complaint. Where complaints could not be resolved internally we saw that the service brought in external professionals such as social workers to try to help resolve issues.

People's complaints were considered and used to drive improvements. For example where people had complained about missing laundry items the service had put in place a new system for labelling clothes and requested additional support from family to rectify the situation.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service kept people safe. They were supported by a deputy manager who was well thought of by people and staff.

Comments from people who used the service about the registered manager were varied. Two people we spoke with felt that the manager was not very visible. One said, "They sit in their office all day." However another person told us, "I've only got to ask and they [the manager] would see me."

Staff told us the registered manager was a good leader. One staff member told us, "I am really happy here, the registered manager is very nice, she comes out of the office to talk to people." Another worker said, "[registered manager] is very fair and gets things done."

Staff told us that the management team was approachable and supportive. Consequently they felt confident that if they were to whistle-blow they would be protected and would be dealt with fairly. The nomination of a 'Staff member of the Month' had been introduced to provide a way for staff to feel appreciated for the work they did and encouraged staff retention.

We asked for feedback from professionals regarding the management team. One health care professional told us, "They [the manager] has made a huge difference to the service. When I told them someone needed a profiling bed, they got one really quickly." "They are a good communicator and listen to what professionals say."

The registered manager told us on their provider information return, "The team operates an open door policy and encourages staff to engage with residents and visitors." We found some evidence of this on the day of inspection as we saw a high level of interaction between staff and people and their relatives.
The service used a 'keyworker' system to support people and relatives to have a point of contact to support effective communication between the service and the people who used it. However the people we spoke with did not know who their keyworker was. A person told us, "I've got a keyworker but I couldn't tell you who that is. I've never called on them."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager completed a daily audit monitoring the day to day service. This was sent electronically to the head office and generated an action plan to put right any issues found. Monthly audits were also completed monitoring aspects such as maintenance & repairs, infection control & medicine management to promote the health and safety of people who used the service.

We found that people who used the service or their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service. The results of the surveys was published and put on display in the foyer including any action taken by the service in response. The impact was that people felt listened to and were able to hold the service to account.

Meetings with residents were held monthly to provide an opportunity for people to be involved in decisions about how the service was organised. We saw that action points raised from these meetings were followed through. For example residents had asked for new garden furniture for the outdoor area. We spoke with the registered manager who confirmed that they had purchased new furniture in response to the request.

Regular meetings were also arranged for relatives of people who used the service. These were used to share information about the service, ask for feedback and provide opportunities for learning. For example we saw that the management team had used the opportunity to educate families regarding issues around end of life care. Family members had made a request for improved communication about the service. In response to this, the service had commenced a newsletter which was in the process of being published.

To support information sharing with workers, meetings were held with staff in all departments, notes were taken and actions were followed through. There was also the introduction of a daily morning meeting of managers and senior staff which provided a clear line of communication, discussion and accountability across the service. The meetings were used to share information regarding risks to people's health and safety as well as talk about day to day issues such as if people had healthcare appointments that day or any issues regarding maintenance or housekeeping to ensure the smooth running of the service.

Confidentiality was respected and maintained. Care plans were stored electronically with paper records as back-up which were kept safe in a locked cupboard so people could be confident that the information held about them by the service was kept secure.