Sanctuary Care Limited

Asra House Residential Care Home

Inspection report

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Date of inspection visit:
25 October 2016

Date of publication:
05 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service in May 2016. No breaches of legal requirements were found and the service was rated as 'Good'. We then received concerns relating to the 'Safe' and Well-led' areas of this service. In response we carried out this focused inspection on 13 October 2016 to check the provider continued to meet their legal requirements in order to provide a 'Safe' and 'Well-led' service.

This report only covers our findings in relation to 'Safe' and 'Well-led'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Asra House on our website at www.cqc.org.uk.

Asra House Residential Care Home provides care and support for up to 40 older adults from the Asian communities. The service caters for people living with dementia, physical disabilities, and sensory impairments. It is situated in the city of Leicester close to a range of local amenities including the city's 'Golden Mile' of shops and restaurants.

The service had a registered manager. This 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.

All the people we spoke with said they felt safe using the service. They told us the continual presence of staff and their caring approach made them feel safe. There were enough staff on duty to keep people safe and meet their needs. They assisted people calmly, allowing them to take they time to move about the premises, receive personal care, and have their meals.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. They knew how to meet people's needs safely using the correct equipment and techniques where necessary to protect people from harm. Staff were safely recruited to ensure they were suitable to work at the service.

Medicines were safely managed and stored. Staff gave out medicines at the right time and explained to people what their medicines were for to involve them in the medicines process. Staff were trained to administer medicines safely and were knowledgeable about their purpose and if they had any side-effects.

All the people and relatives we spoke with reported high levels of satisfaction with all aspects of the service. They praised the staff, the quality of the care, the environment, the activities, and the management. They also told us they liked the culture of the service as it encouraged people to make choices about all aspects of their lives.

The atmosphere at the service was positive and inclusive. People and relatives told us the service catered for those from a variety of Asian communities. The food, decor, entertainment, and care and support reflected different Asian lifestyles and beliefs. The service was integrated into the local community and had links with schools, places of worship, and neighbourhood groups.

The provider carried out regular quality audits centring on the views and experiences of the people and their relatives so people could have their say about Asra House.

The service was continually improving. Since we last inspected the refurbishment of the premises had begun, people using the service were taking it in turns to chair meetings, and 'resident of the month' award had been introduced.

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.

People felt safe and staff knew what to do if they were concerned about their welfare.

Staff knew if people were at risk and took action to prevent them coming to harm.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people using the service.

Medicines were safely managed at the service and administered by trained staff.

Is the service well-led?

Good

The service was well-led.

The service had a positive and inclusive culture and was part of the local community.

The provider and registered manager welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check people were getting good care and to make sure records were in place to demonstrate this.

Asra House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 25 October 2016 and was unannounced.

The membership of the inspection team consisted of an inspector, a specialist advisor, and an expert by experience. A specialist adviser is a qualified social or healthcare professional. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our specialist advisor's area of expertise was in medicines, and our expert by experience's area of expertise was in the care of people living with dementia.

Before the inspection we reviewed the 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 looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with six people using the service and two relatives. We also spoke with the registered manager, the regional manager, the deputy manager, four care workers, the activities organiser, two cooks, a cleaner and

a laundry assistant.

We observed people being supported in communal areas. We looked around the premises. We checked records relating to all aspects of the service including medicines, care, staffing and quality assurance. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe using the service. They told us the staff team's caring approach made them feel safe. One person said, "The staff are very nice and would never let me come to any harm." Another person told us they found the continual presence of staff at the service reassuring.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Records showed that staff had acted followed the provider's safeguarding procedure when there had been a safeguarding issue by making a referral to the local authority and notifying CQC.

People said staff knew how to safely meet their needs. One person told us staff used moving and handling equipment to help them move around the premises safely. They said, "We don't take any risks and a hoist is used." Another person told us, "They understand me and my changing needs." They said they had having difficulty swallowing so staff had referred them to a speech therapist. These were examples of staff taking action to keep people safe.

We observed staff supporting one person to move from their wheelchair to and armchair. This was done safely with staff using the correct moving and handling equipment. One person, who used a wheelchair to get around the premises, told us staff were "very helpful" if anyone needed assistance. They wore a personal alarm wristband which they could use to call for staff. The person said this made them feel safe.

If people were at risk in any areas of their lives this was highlighted in their care records. This meant staff could see straight away if a person was at risk as a result of any health or care needs they had. Where people were at risk, written risk assessments were put in place so staff had the information they needed to help keep them safe.

People's risk assessments covered areas such as falls, moving and handling, nutrition and hydration, skin care, medication, continence, and consent to care. If people were subject to specific risks due to their needs, further risk assessments were put in place for these. For example, the use of bedrails, pain management, malnutrition, and best interest decisions.

The risk assessments we saw were personalised and designed to help ensure people were as safe as possible at the service. They also promoted people's independence. For example one person's risk assessment for personal care stated, "I shower myself but a carer stays nearby based on my health needs, preference and for my safety."

We met one person who spent a lot of time in bed due to their physical health needs. To minimise the risk posed by this, staff had installed specialist equipment in their room including a height-adjustable bed, a pressure-relieving mattress, and a hoist. To reduce the risk of them falling from their bed staff had consulted a district nurse who had approved the use of bedrails and these had been fitted with the consent of the person in question.

To prevent the person's physical health deteriorating risk assessments instructed staff to monitor the person's skin condition and offer frequent fluids to prevent dehydration. The person also had a personal emergency evacuation plan telling staff that in an emergency they would need to assist this person to leave the property as they would not be able to leave on their own. This was an example of how staff put measures in place to support a person safely and, as far as possible, prevent their health deteriorating.

We met another person who had previously had a fall. We saw they used a wheelchair to get around the premises and moved from their wheelchair to an easy chair with the assistance of staff. Their risk assessment stated that on occasions they tried to get up independently to sit in their wheelchair, but it was not safe for them to do this due to the risk of falling. We observed this person in one of the lounges and saw them indicate they wanted to get up to go into the dining room at lunchtime. Staff immediately went to their assistance and supported them to use their wheelchair safely. This was an example of staff following a risk assessment to ensure a person remained safe.

Records showed risk assessments were reviewed and updated once a month and more often if necessary. For example, one person had returned from hospital following a medical procedure. Their risk assessments had been re-written to inform staff they now needed the support of two staff for personal care, having previously needed only one. This showed that if a person's needs changed staff took action to ensure they were safe.

People told us the staff were good and suited to their roles. One person said, "Full credit to all the staff, they really try and are very caring." Another person praised the activities co-ordinator. They commented, "He is very good, really helpful. I like doing my artwork and feel very supported by him."

There were enough staff on duty to keep people safe and meet their needs. We observed that staff were available in communal areas and continually checked bedrooms and corridors. This meant they could make sure people had that assistance they needed wherever they were at the service. Staff were busy but not rushed. They assisted people calmly, allowing them to take they time to move about the premises, receive personal care, and have their meals.

There was a call bell in each person's room so they could alert staff if they needed assistance. Some people also had portable call bells so they could contact staff from any area of the service. Two people, one in their room and one in the main lounge, showed us their call bells and how they would use them if they needed to.

Staff answered call bells promptly. The call bell system made an electronic record of how long they took so the registered manager had oversight of this and could ensure people weren't left waiting for too long. If people were unable to use call bells due to their mental health needs or other issues they were put on 'observation charts'. This meant staff regularly checked on their well-being and safety.

People's care and risk assessments made it clear whether they needed one or more members of staff to assist them with various activities. Records showed these were being followed and we also saw the appropriate number of staff providing support to people, for example two staff assisted people to use the hoist. The registered manager said staffing levels were constantly under review as people's needs changed. She said she had negotiated staffing levels with the provider and both were satisfied with the current arrangements.

Records showed that no-one worked at the service without the required background checks being carried out to ensure they were safe to work with the people using the service. We checked three staff recruitment files and all had the required documentation in place including satisfactory references and police checks. All

the staff we met were suited to their work being kind, caring and knowledgeable about how to keep people safe.

People told us they were satisfied with how staff managed their medicines. One person told us, "I get my medicines on time." We observed a medicines round and saw that staff communicated well with people using their first language where possible and other communication skills. We saw staff provided reassurance around medicines, explaining to people what their medicines were for. This helped to ensure people were involved in the medicines process.

Medicines were stored securely in locked storage facilities in a locked room. Medicines that needed cold storage were kept in a fridge with temperature monitoring records kept to ensure they were within the recommended limits. Controlled drugs are medicines that require special storage and recording to ensure they meet the required safety standards. We found that controlled drugs were stored securely and recorded correctly.

Medicines that had a short expiry date once opened were dated to ensure that staff knew how long the medicine could be used for. Creams that had to be applied topically were recorded on a separate cream application chart that was kept in people's rooms. The charts showed where the cream should be applied and how often and a record was made by the staff member applying the cream.

Records showed people were given their oral medicines as prescribed. We looked at the additional records for people who were using medicinal skin patches showing where the patches were being applied to the body. However, the patches were not being applied and removed in line with the manufacturer's guidance and this could result in unnecessary side effects. We discussed this with the registered manager who agreed to make improvements.

People who took medicines only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given. This meant people would be given their medicine consistently and at the times they needed them.

Some people had to have their medicines at particular times. We saw that staff made sure that these people had their medicines when they needed them and not at set administration times. This showed a personalised approach to medicines administration.

Good

Is the service well-led?

Our findings

All the people and relatives we spoke with reported high levels of satisfaction with all aspects of the service. They praised the staff, the quality of the care, the environment, the activities, and the management. One person told us, "I am so happy here, everything is good, I am so well-cared for." Another person described the service as "bahut acha" (meaning very nice in Hindi). They told us the premises were clean and the staff caring and responsive. One relative told us, "We like the warm community atmosphere. We looked at about five homes but as soon as [my family member] came here he said straight away he wanted to stay."

People told us they liked the culture of the service as it encouraged people to make choices about all aspects of their lives. One person said, "I am free to choose how I spend my day. I like to start the day gently with prayers and classical music in my room. Later in the day I like to be downstairs. It's sociable and I join in activities and chat with others." Another person commented, "The food is very good and we have very good choices. It's very clean here. What's not to like?"

During our inspection visit there was an air of excitement at the service as people and staff were preparing for the forthcoming Diwali celebrations. We met a group of people who were enjoying a painting activity. They told their artwork was to be used to decorate the premises for Diwali. Staff and other people passing by stopped to look at the artwork and to talk about plans for Diwali. Staff told us that all major festivals, for example Eid and Christmas, were celebrated at the service and everyone was welcome to take part. This was an example of the positive and inclusive culture of the service.

People and relatives told us the service catered for those from a variety of Asian communities. Most staff spoke both English and Guajarati, and some spoke other Asian languages. Information at the service was produced in English and Gujarati and other Asian languages on request. The service was integrated into the local community and had links with schools, places of worship, and neighbourhood groups.

The food, decor, entertainment, and care and support reflected different Asian lifestyles and beliefs. The service had two prayer rooms to cater for different religions. On the day of our inspection visit one of the prayer rooms was cold. We reported this to the registered manager who said she would ask the service's handyperson to address this.

We looked at how the provider and registered manager assured the delivery of high-quality personalised care and supported learning and innovation at the service.

The service used a corporate quality assurance system to check that the care and support provided was of a good standard. This included a range of internal and external audits carried out by the registered manager and regional manager with the results being shared with the provider. Records showed the audits centred on the views and experiences of the people using the service and their relatives.

The registered manager and deputy completed daily walks around the service when they checked health and safety and observed staff interacting with people to ensure this was always done in a caring and

professional manner.

We spoke with the service's regional manager who visited the service once a week to support staff, relatives and the people using the service. During his visits he met with them to get their views on how the service was running. He also carried out a monthly compliance visit when he quality assured all aspects of the service. The registered manager and staff told us the regional manager was approachable and his contact details were in the entrance to the service so anyone who wanted to could speak with him.

All the staff we spoke with knew how to provide good quality care and understood the importance of giving people choice and respecting their dignity. One staff member told us, "It's all about the resident – what they want. We treat them like our own family members." Another person said, "I really like working here, there has been many changes and improvements."

Staff were supported to train and to gain new skills and knowledge through an extensive induction and training programme. One of the ways the registered manager promoted learning was by having a 'question of the day'. She told us, "This could be about anything care-related, for example about moving and handling, care and dignity, or the Mental Capacity Act. It helps staff focus on what good quality care is and makes sure they are observing and providing it at Asra House."

Since we last inspected there have been a number of improvements to the service.

All the people using the service had been invited to chair the residents' meetings. This was done on a rotation basis so everyone who wants to got a turn. If people had communication needs staff supported when they chaired. The minutes were printed in English and Gujarati, with other languages on request, so they were more accessible to people. Staff also offered to read the minutes to people who preferred this.

Information on the role of the Care Quality Commission had been made available to people in Gujarati and English so they could learn how the service is regulated.

A staff information, guidance, and memo folder had been introduced. Staff used this to learn more about their work responsibilities and the people they supported. When we inspected it contained information on infection control, safeguarding, data protection, and warfarin and diet, the latter being supplied by a relative. This helped to ensure that staff were up-to-date on changes and improvements within the field of care.

The service had introduced a 'resident of the month' award. This was given to any person who staff felt had contributed to the positive and caring culture of the service. So far one person had been nominated for challenging discrimination, and another for promoting arts and craft at the service. Winners were presented with a bouquet of flowers. There was a similar award for staff who were chosen by the people using the service.

In addition, the premises were in the process of undergoing substantial refurbishment. The registered manager told us seventeen bedrooms were to be upgraded to convert them into bedrooms with living spaces and ensuite walk-in showers and toilet facilities. We saw a bedroom that was in the process of being refurbished. This provided spacious accommodation and had the appearance of small flat with a sleeping and living area and a large ensuite. People using the service had been taken to see this room to give them an idea what the finished rooms would look like.

The above examples demonstrated the provider's and registered manager's commitment to continual

improvement and to ensuring the culture of the service remained positive and caring.