Care Quality Commission

Ashbourne House Care Homes Limited

Ashbourne House - Bristol

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 September 2017 and was unannounced. Ashbourne House is registered to provide accommodation and personal care for up to 17 people. At the time of our visit there were 15 people living at the service.

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

At our last inspection in June 2016 we rated the service overall as Requires Improvement. At that inspection we found a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not appropriate procedures for the administration and recording of PRN (as required) medicines. We also found that although improvements had been made since the inspection of August 2015 and previous breaches had been met we had to be satisfied that these would be sustained over time.

Following the inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of that regulation. At this inspection we saw the provider had taken action as identified in their action plan and improvements had been made. In addition they had sustained previous good practice. As a result of this inspection the service has an overall rating of Good.

Why the service is rated Good.

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, plans were in place about how to manage, monitor and review these.

People were supported by the service's recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

Staff had the knowledge and skills they needed to carry out their roles effectively. They were supported by the provider and the registered manager at all times. Staff had completed nationally recognised qualifications in health and social care and others were in the process of completing this.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and responded very positively to people's requests. Staff demonstrated a genuine passion and commitment for

the roles they performed and their individual responsibilities. It was important to them those living at the service felt 'valued and happy'.

People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions a process of best interest decision making had been followed that was consistent with the principles of the Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People benefitted from a service that was well led. People who used the service felt able to make requests and express their opinions and views. Staff embraced new initiatives with the support of the registered manager and deputy. They continued to look at the needs of people who used the service and ways to improve these so that people felt able to make positive changes.

The provider and registered manager had implemented a programme of 'planned growth' that was being well managed and they were committed to continuous improvement. An increase in the provider's oversight meant that a significant number of improvements had been made to help ensure that people were safe and received quality care.

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 had improved to Good.

Appropriate action was taken to ensure there were enough care staff to support people.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Appropriate health and safety checks were undertaken to reduce risks to people.

Is the service effective?

Good

The service had improved to Good.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where necessary people were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service had improved to Good.

Staff identified how people wished to be supported so that it was meaningful and personalised.

Independence was encouraged and supported wherever possible.

People were encouraged to pursue personal interests and hobbies and to join in activities.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service had improved to Good.

The vision, values and culture of the service was understood by people and staff.

Effective quality monitoring systems had been implemented. Audits were being completed to regularly assess the quality and safety of the service provided.

People, their relatives and staff were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

The manager and other senior staff were well liked and respected.

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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 service was previously inspected in June 2016. At that time we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was conducted on 28 September 2017 by one adult social care inspector.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

During our visit we met everyone living in the home and spoke with four people individually. We spent time with the provider, registered manager, and all staff on duty. We also spoke with two relatives who provided us with their views of the service. We looked at three people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

The service had improved from Requires Improvement to Good. At the inspection in June 2016 appropriate procedures for the administration and recording of PRN (as required) medicines were not in place or followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the registered manager had ensured that individual protocols were in place identifying how people preferred to take their medicines. For those people who were prescribed medicines to be given 'as required'. There were clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people.

People told us they felt safe and in good hands. Comments included, "I feel much safer since my arrival, so much so I have decided to extend my stay", "The staff are very kind and make sure everything is satisfactory" and, "It is reassuring to know staff are here day and night to look after us". One relative told us, "My mother is very safe and I am totally reassured when I leave the home that they will take good care of her and that is a tremendous relief for me". One staff member told us, "It is our responsibility that we do all we can to protect people in our care".

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected, witnessed or alleged. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. The registered manager and staff had appropriately raised safeguarding alerts to the local authority within the previous 12 months.

People were kept safe by staff who understood their role and responsibility to protect people. Staff had a good knowledge of risk assessments and measures to be taken to keep people safe. Assessments were undertaken to assess any risks to people, this included environmental risks and any risks due to the health and support needs of the person. Risk assessments provided a helpful guide about the action to be taken to minimise the chance of harm occurring. Examples included the risk of choking, weight loss, falls and prevention of skin breakdown.

Staff were confident in reporting accidents, incidents or concerns. Written accident and incident documentation contained details leading up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits had commenced to identify any trends to help ensure further reoccurrences were prevented.

Everyone we spoke with confirmed there were sufficient numbers of staff on duty 24 hours a day. Comments included, "There is always someone in the communal areas which I like", "I can always find a staff member if I need one" and, "Staffing has improved and they always seem happy at work and very willing". People were able to request support by using a call bell system in their rooms and communal areas of the home. During the inspection the atmosphere was calm and staff did not appear to be rushed when carrying out their

duties and attending to people.

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager ensured there was a suitable skill mix and experience during each shift.

The presence of the registered manager and deputy meant they were readily available to offer support, guidance and hands on help should carers need assistance. Everyone covered vacant shifts rather than use agency staff. This was because it promoted continuity of care, kept them up to date with people's needs and helped update/refresh their skills and knowledge.

Safe recruitment procedures continued to be adhered to. Appropriate pre-employment checks were completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

The home was clean, warm and homely. The cleanliness had improved because of additional domestic hours per week. This also meant that there was the opportunity for more deep cleaning. The kitchen had been deep cleaned in recent months and plans had been made for an outside contractor to steam clean the oven and hob. Staff understood their responsibilities to protect people from the risk of cross infection. They had access to the equipment they needed which included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control.

Staff had received fire safety training. In house required health and safety checks were completed on emergency lights, fire control panel, fire extinguishers and smoke detectors. Each person had an individual fire evacuation plan in place, detailing the support they required to keep them safe in the event of a fire.

Good

Is the service effective?

Our findings

At the inspection in June 2016 although significant improvements had been made we needed to be satisfied that this would be sustained. We have found at this inspection sustainability has been maintained and the service had improved from Requires Improvement to Good.

The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Newly appointed staff completed their induction training. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident with the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. All staff received core training which included; first aid, infection control, equality and diversity, food hygiene, administration of medicines and safeguarding vulnerable adults. Specific training to meet people's needs was also provided, for example; dementia awareness, person centred care and epilepsy. The registered manager had been in contact with the local hospice to resource end of life training. Staff confirmed training had improved over the last year. Comments included, "I'm enjoying all the training, and it helps me to care and support people properly" and, "The training is better and we have asked for training that is more interactive and engaging rather than sitting in front of a computer".

The service had a small, steadfast group of staff. Staff felt supported by the registered manager, deputy and other colleagues. The registered manager had ensured that staff felt supported through one to one meetings. These sessions enabled staff to discuss what was going well and where things could improve, they discussed people they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences. The registered manager and deputy conducted practical observation sessions to help staff develop their practical skills, for example, medicine rounds.

The registered manager had a sound knowledge about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

People's legal rights were respected and any restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the DoLS it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and or independent advocates. There were systems in place to alert the registered manager when DoLS would expire and needed to be re-applied for.

Staff understood the basic principles of the MCA and how to implement this should someone not have mental capacity and how to support best interest decisions. There were no restrictive practices and daily routines were flexible. People were moving freely around their home, spending time together and with staff and visitors and accessing the local community independently. They chose to spend time in the lounge, the dining room and their own rooms.

The meals prepared and served to people were well received. People told us they liked the food, they never felt hungry and they made choices about what they had to eat. Comments included, "The food has been lovely I have no complaints" and, "The variety is good and it's always served in a nice presentable way". One relative told us, "I have often stayed and had a meal with mum and it's always very tasty". People received a healthy nutritious diet and staff supported people when they needed to gain or lose weight. In addition to morning coffee and afternoon tea and cakes, beverages and snacks were available to people throughout the day. Mealtimes were flexible wherever possible and people were supported if they wished to receive meals in their rooms. The large dining room was popular with people and they enjoyed the social atmosphere of dining together. Traditional freshly cooked meals were firm favourites and although there was a menu plan people were supported to choose whatever they preferred day by day. We met with the newly appointed cook who demonstrated enthusiasm and a genuine passion to provide people with food they would enjoy. Although relatively new they were getting to know people and they understood personal dislikes and preferences in addition to any special dietary requirements. People's views were always sought after mealtimes to check if they had enjoyed their meal or whether it could be improved.

If people were at risk of weight loss a screening tool provided management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weights.

All staff recognised the importance of seeking expert advice from community health and social care professionals so that people's health and wellbeing was promoted and protected. The home ensured that everyone had prompt and effective access to primary care including, preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's and dentists of their own choice.

Good

Is the service caring?

Our findings

The service remained caring. People were positive about their experiences. Comments included, "Oh the staff are all very caring, who knew it would be like this", "I feel that this is my home, my room is my sanctuary and I have peace, the home allows me to engage and meet people when I want to" and, "I like all the staff, it's a friendly place and very relaxed".

Relatives we spoke with were equally positive about their experiences. Comments included, "It was the best thing we did for mum to move here, she is treated kindly and staff are respectful", "I am very happy with everything, we enjoy visiting and we are always made to feel welcome, we have no concerns and are grateful" and, "I couldn't be more happier, mum is happy, the care staff are caring and patient, mum can get anxious and they have such a positive way with her".

Staff morale was cheerful and buoyant when we visited the home, it was evident they were motivated, enjoyed their roles and, were committed to the people they supported. There was positive interaction between staff and people in the home; everyone was relaxed, happy and comfortable in each other's company. We were introduced to people throughout our visits and they welcomed us to their home. People talked freely with staff in front of us and people were confident and assertive in their surroundings. Staff spoke positively about working at the home. One staff member told us, "I absolutely love it here, I like the relationships we have with the residents and how we are encouraged to get to know them well. When I go home I feel I have done well, I am proud and this is very rewarding".

The registered manager walked around the home and introduced us to people and told us why we were there. They were very knowledgeable about people who lived there and shared with us their past lives and how they had adapted to living at Ashbourne, in addition to explaining how they had made every effort to make this their home. The registered managers approach to each person was individual, some people obviously enjoyed her humour whilst others preferred her professional approach.

We spent time in various parts of the home, including communal areas and individual bedrooms so that we could observe the direct care, attention and support that staff provided people. During our visits we saw staff demonstrating patience and kindness. People told us staff were 'polite, friendly and respectful' and they were 'treated with dignity'. People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving into the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and weekly hairdressing.

People were treated with dignity and respect. Staff knocked on people's doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout.

The registered manager and staff continued to ensure that's people's night-time experiences were enjoyed

as much as during the day. Preferred night time routines were always considered and records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing drinks, closing bedroom doors, whether people preferred a light on and how many times they wanted to be checked by staff during the night.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to communal areas and garden. Family and friends were always invited to special events and these were well received.

Good

Is the service responsive?

Our findings

At the inspection in June 2016 although significant improvements had been made we needed to be satisfied that this would be sustained. We have found at this inspection sustainability has been maintained and the service had improved from Requires Improvement to Good.

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People confirmed they felt staff were responsive to their needs. Comments included, "I haven't looked back since moving in, the staff are super and do all they can to ensure I am well looked after", "I have everything I need and staff do everything just the way I like it" and, "They know all about me and how I like to be supported".

The registered manager understood their responsibilities to ensure the service could meet the needs of prospective clients by completing a thorough pre-admission assessment. In addition to the individual, every effort was made to ensure significant people were also part of this assessment. This included family, hospital staff, GP's and social workers. Information from other assessments for example hospital social workers were also considered. Following the assessment staff developed specific care plans where needs were identified, over the first few weeks of admission and whilst staff got to know the person.

Care plans showed a holistic approach to care and included, people's health, psychological and spiritual well-being. We saw some good examples where the documentation was person centred and enabled staff to support people in the best way possible and that was meaningful. They were personal and descriptive and written in a way that demonstrated staff had really got know people and that the plans had been developed to support personal preferences. One person was described as a 'very gentle lady who enjoys the company of others and conversation', it also stated that an important aspect that made her happy was to 'help around the home'. One person who had dementia and was prone to raised anxiety levels had a care plan that explained to staff how it was best to relieve this. Examples included, looking at the person's memory book which contained family photographs, letters from loved ones and drawings that their grandchildren had made. One staff member told us, "The manager is very determined that people receive care that is person centred I have enjoyed covering this aspect within a qualification I am working towards".

People told us they were satisfied with the level of stimulation and activity within the home. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the monthly "residents" meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. Particular favourites for people included arts and crafts, board games, reminiscence, reading the daily papers, cooking, planting and one to one sessions. Various outside people visited the home to provide engagement. This included, watercolour painting, music and exercise therapy, and musical entertainers. They were supported to continue with hobbies and things that were important to them in addition to a choice of a weekly programme of events. One person had recently expressed an interest in looking at her family tree and staff were making plans on how to support this.

People went out independently and those who required support were assisted by a staff member. This enabled people to remain as independent as possible without relying on family members. Some chose to go shopping, eat out and visit places of interest. The registered manager told us they always empowered people wherever possible to live their lives as they did prior to living at the home.

The home was proactive in supporting and enhancing the care that people received and recognised the importance of seeking expertise from community health and social care professionals. Consultations received by people and appointments attended were documented and included the outcomes of these. The home ensured that everyone had prompt and effective access to primary care including preventative screening, vaccinations, routine checks, GP call outs and access to emergency services.

People were supported to register with a GP, optician and dentist of their own choice. Opticians and dentists were accessed to provide regular check-ups and treatment where necessary. The home worked in partnership with the community and hospital social workers, physiotherapists, community nurses and hospice palliative care nurses. Referrals had been facilitated to speech and language therapists, falls clinics and community dieticians.

The service encouraged and supported people to express concerns or anxieties so they could be dealt with promptly. This approach helped prevent concerns escalating to formal complaints and relieved any anxiety that people may be feeling. The registered manager also spent time around the home and saw people every day to see how they were. Small things that people may be worried about or made them unhappy were documented in the daily records and provided information about how they had been dealt with. This information was also shared with staff in shift handovers. More formal concerns were documented in the complaints folder and there had been no complaints received over the last year.

Good

Is the service well-led?

Our findings

People were now receiving care and support from a well-led service. Following the previous inspection in June 2016 the provider had considered ways of improving existing systems in place to monitor quality and safety and the provider's quality assurance processes. A new role had been developed for a compliance and quality officer. Work had already started to audit the service and consider this against the Key Lines of Enquiry (KLOE) which CQC inspect against and, how they will plan for the future to improve and further enhance current good practice they were achieving.

The addition of this new role had afforded the registered manager more time to concentrate on her roles and responsibilities and subsequently improve her leadership skills. There was a sense of renewed vigour from both the provider, registered manager and deputy. They worked well as a team and were mutually supportive with a clear shared vision and complementary skills and abilities. The home had a longstanding positive reputation within the local community. They had a small staff team and they were a cohesive group who were committed to the people they supported. Staff were all feeling settled and were proud of the service and wanted it to be a positive experience and place for everyone who used it. Comments from staff included, "We have seen massive positive improvements and I love working here" and, "It's very homely and we can really get to know people and their families. They have good relationships with staff and we all work well together as a team".
To continue to keep up to date with current legislation and requirements the service was in the process of implementing a new 'Care Quality System' (QCS). QCS is a compliance management system where quality assurance is embedded throughout, connected within a framework of protocols, policies, procedures and audits. The system is designed so that it delivers on the key principles that define quality assurance to help ensure it is fit for purpose. In addition it will highlight areas of change as and when they occur, ensuring policies and procedures are up to date at all times. This new initiative will be coordinated by the provider, registered manager and compliance and quality officer. We look forward to seeing the rewards of this system at our next inspection and how this has had a positive impact on people who use the service.
The registered manager led by example. Although they were supernumerary on each shift they were readily available to offer support, guidance and hands on help should carers need assistance. The registered manager also covered vacant shifts, when other staff members were not available. This promoted continuity of care and kept them up to date with people's needs.

People, relatives and staff told us they liked the registered manager and were able to talk to them when they wanted. Comments included, "She gets things done I refer to her as magic Mickey", "Oh the manager is very lovely and always has a smile on her face", "She is very approachable I can talk to her about anything" and, "The manager is very nice and always willing to help, the residents adore her".

The registered manager had worked alongside the provider for many years and told us they had a positive working relationship and they felt supported. The registered manager was confident to effect positive change and the provider encouraged and supported autonomy whilst equally maintaining a healthy interest if the service provision.

The registered manager promoted and encouraged open communication amongst everyone that used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. One relative told us, "Communication is very good from all the staff, I always feel well informed about mum's health and what sort of day she has had. I'm always aware of any changes and told of any relevant news about the home". Staff told us, they were confident to talk to the manager and that she was always available to listen.

Other methods of communication included meetings for people, their relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The compliance quality officer was currently reviewing the agenda/minutes format to improve how they evidence that the meetings were effective, meaningful and enjoyed. Satisfaction surveys were under review by the compliance and quality officer and we look forward to seeing these and the results at our next inspection

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had provided sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.