Ashdene Sleaford Limited

Ashdene Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection carried out on 16 and 17 December 2015.

Ashdene Care Home can provide accommodation for up to 41 older people who live with dementia and who need personal care. There were 40 people living in the service at the time of our inspection.

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.

The arrangements used to ensure that there were always enough staff on duty were not robust. Staff knew how to report any concerns so that people were kept safe from abuse, people had been helped to avoid having accidents and medicines were safely managed. Background checks on new staff had been completed before they started work.

Summary of findings

Staff had received training and support and knew how to provide people with the assistance they needed. People were pleased with the meals they received and staff ensured that people had enough nutrition and hydration. Staff recognised when people were unwell and had arranged for them to receive the necessary healthcare services.

The registered persons and staff were not consistently following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken all of the necessary steps to ensure that people's rights were protected.

People were treated with kindness and compassion. Staff recognised the importance of promoting people's right to privacy and the arrangements for maintaining confidentiality were robust.

Staff promoted positive outcomes for people who lived with dementia. People had been consulted about the care they wanted to receive and had been supported to pursue their hobbies and interests. Staff had supported people to express their individuality, people had been helped to meet their spiritual needs and there was a system for resolving complaints.

Some quality checks had not been completed and people had not been fully involved in the development of the service. However, people had benefited from staff acting upon good practice guidance, steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

Summary of findings

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.

The arrangements used to ensure that there were always enough staff on duty were not robust.

Staff knew how to report any concerns in order to keep people safe from harm and people had been supported to stay safe by avoiding accidents.

Medicines were managed safely.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires improvement

The service was not consistently effective.

The registered persons and staff were not always following the MCA.

Staff had received the training and support they needed to care for people in the right way including having enough nutrition and hydration.

People had received all of the healthcare assistance they needed.

Is the service caring?

Good

The service was caring.

Staff were compassionate and caring. People were treated with kindness that helped them to be relaxed and comfortable in their home.

People's right to privacy were respected and the arrangements for maintaining confidentiality were robust.

Is the service responsive?

Good

The service was responsive.

Staff promoted positive outcomes for people who lived with dementia.

People had been consulted about the care they received, had been supported to express their individuality and had been assisted to pursue their hobbies and interests.

People were confident that if they made a complaint it would be resolved quickly and fairly.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Some quality checks had not been completed in a robust way and people who lived in the service had not been regularly asked to contribute suggestions about the development of their home.

Summary of findings

People had benefited from staff acting upon good practice guidance, steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

Ashdene 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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered persons had sent us. These are events that the registered persons are required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 16 and 17 December 2015 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection we spoke with 10 people who lived in the service and with three relatives. We also spoke with two senior care workers, three care workers, a housekeeper, the activities coordinator and the chef. In addition, we spoke with the registered manager and the nominated individual. The nominated individual was a person who had a legal responsibility to represent the company who owned and ran the service. When we speak about both the registered manager and the nominated individual together we refer to them as being, 'the registered persons'.

We observed care in communal areas and looked at the care records for four people. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we spoke with an additional two members of staff by telephone.

Requires improvement

Is the service safe?

Our findings

We noted that the registered persons had not carefully assessed how many staff were needed to promptly provide people with the care they needed. In addition, some staff were concerned about adequacy of staffing levels at busy times of day. These involved first thing in the morning and lunchtime when a lot of people needed assistance at the same time. We were told that staffing levels at these times sometimes resulted in people having to wait noticeably longer for assistance than at other times during the day. A person said, "Meal times can be a bit hectic with staff trying to get around to everybody at once and mornings are another very busy time when you might have to wait a bit." A relative said, "The staff are very busy for sure and they do have to go from one task to the next." The shortfall of not having a robust system to determine how many staff were needed at all times, had reduced the registered persons' ability to ensure that enough staff were being provided. The registered persons told us that they would respond to these concerns and complete a review of staffing levels as quickly as possible.

People said and showed us that they felt safe living in the service. A person said, "The staff are all very kind here and lovely to us." We saw that people were happy to be in the company of staff and were relaxed and smiling. A relative said, "I'm absolutely clear in my own mind that my family member is safe and well cared for. Believe me, if they weren't happy I'd know it straight away. Staff treat my family member like a loved grand-parent."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had raised a small number of concerns about the safety of the people who lived in the service. We noted that in each case appropriate action had been taken to keep people safe. For example, action had been taken to protect people when a person who used the service had intruded into their personal space. These actions included consulting with the person's doctor who then supported them to become more comfortable in social situations. In addition, we noted that people were protected from the risk of financial abuse. This was because staff used robust systems when they handled money on behalf of people to ensure that it was spent correctly.

The registered persons had consistently safeguarded people from the risks associated with the unsafe use of medicines. We saw that there were reliable systems for ordering, storing, administering and disposing of medicines. Senior staff who administered medicines had received training and guidance. We observed them correctly following the registered persons' written guidance to ensure that people received the right medicines at the right time. We noted that an accurate record had been created of each occasion when a medicine had been administered and medicines had been promptly returned to the pharmacist when no longer needed.

Staff had taken action to promote people's wellbeing. For example, people had been helped to keep their skin heathy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Some people had agreed to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. In addition, staff had been given guidance and knew how to safely assist people if there was an emergency that required people to leave the building or to move to a safer area.

We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when people had been identified to be at risk of falling arrangements had been made for staff to more frequently ask them if they needed assistance. This had been done to enable staff to more readily check that the person was safe and quickly ensure that they had all of the assistance they needed if they wanted to leave their armchair. Another

Requires improvement

Is the service safe?

example, involved a special carpet that had been installed in both of the main lounges. This had a special deep-foam backing that was designed to reduce the risk of injuries in the event of someone falling.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that other checks had also been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered persons and staff were not consistently following the MCA. For example, we noted that bedroom doors were locked by staff when they were not occupied. This meant that people had to ask to be given access to their bedrooms if they wanted to retire to them during the day. People had not been supported to give their consent to this arrangement. In addition, relatives and health and social care professionals had not been consulted to establish that this restrictive arrangement was in the best interests of people who lacked the mental capacity to make a decision about this matter. Although none of the people with whom we spoke considered this to be an issue, this shortfall had reduced the registered persons' ability to ensure that people only received lawful care that promoted their best interests by being the least restrictive possible. Another example involved the way in which special sensor-mats had been installed near to most people's beds so that staff were alerted if someone had got up at night and needed assistance. This was a restrictive arrangement because it intruded into people's right to not have their movements routinely monitored. Records showed that people had not been supported to give their consent to this restrictive arrangement. In addition, relatives and health and social care professionals had not been consulted to protect the legal rights of those people who lacked the mental capacity to make a decision about the use of the equipment.

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 noted that the registered manager had applied for authorisations in relation to most of the people who lived in the service from the local authority that is the 'supervisory body'. Records showed that when authorisations had been granted the registered persons were complying with the conditions that described how people could be deprived of their liberty in order to keep them safe.

The registered persons said that staff needed to receive training and support in order to be able to care for people in the right way. Staff told us that they were well supported by senior staff and the registered manager so that they could review their work and plan for their professional development. New staff had received introductory training and arrangements had been made for future appointees to complete the Care Certificate. This is a new nationally recognised scheme that is designed to double-check that new staff have the knowledge and practical skills they need to care for people in the right way.

Staff told us that they had been provided with refresher training in a number of subjects. These included how to safely assist people who had reduced mobility, how to develop positive outcomes for people who lived with dementia and how to support people to promote their continence. We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. For example, staff knew how to correctly assist people who had reduced mobility including those who needed to be helped using special equipment such as a hoist. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and they understood the importance of quickly seeking advice from a healthcare professional.

We noted that people could choose what meals they had and that the menu provided a varied range of home-cooked dishes. In addition, there were bowls of fresh fruit that people could choose to enjoy in between meal times. We saw that when necessary staff had given people individual assistance when eating and drinking so that they could dine in safety and comfort. Some people who were at risk of choking had seen a healthcare professional who had recommended that their meals be specially prepared so that they were easier to swallow. These aspects of the catering arrangements helped to ensure that people enjoyed their meals and so were gently encouraged to have enough to eat. A person said, "I find the meals to be very good and there's always more than enough on the plate." A

Requires improvement

Is the service effective?

relative said, “It’s very important that the meals are of a good quality and I’m confident that they are. I know that my family member has put on some weight since they moved in and they tell me that the catering is done well.”

We noted that people had been offered the opportunity to check their body weight to ensure that any changes could be identified and if necessary referred to a healthcare professional. In addition, records showed that staff were making a note of how much people were eating and drinking to help ensure that they had enough nutrition and hydration.

People who lived in the service said that they received all of the help they needed to see their doctor and other healthcare professionals. A healthcare professional told us that staff consulted with them when necessary and put into action any treatment plan they recommended. A person said, “The staff take very good care of me and fix up for me to see my doctor if I’m not feeling well.” A relative said, “The staff are very much on the ball and quickly see if someone isn’t well and get the doctor to call. I like how the senior on duty always gives me a ring to let me know if my family member is off colour and may need to see the doctor.”

Good

Is the service caring?

Our findings

People were positive about the quality of care that was provided. A person said, "The staff are very kind people and they're just so willing to help." A person who had special communication needs, smiled, waved to a nearby member of staff and held their hand when we asked them about the support they received. A relative said, "I really can't praise the staff enough because they're genuinely interested in their work and in caring for people."

During our inspection we saw that people were treated in a respectful and caring way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. For example, we heard a member of staff chatting with a person while they assisted them in their bedroom. They spoke about which gifts the person was hoping to give and receive at Christmas that was only a week or so away. We witnessed another occasion when a member of staff spoke with a relative who was looking through some pictures of their family member when they were living at home. The member of staff noticed that the person liked to have their hair styled in a particular way that was different to their present arrangement. The member of staff agreed with the relative that they would keep the photograph and show it to the hairdresser when they next called to the service. This was so that the hairdresser could consult with the person if they wanted to have their hair styled as it was before.

We saw that staff were compassionate and supported people to enjoy parts of their lives that were important to them before they moved in. For example, we observed a member of staff speaking with a person about Sleaford and how it had changed over the years. Another example involved the way in which staff helped people to celebrate special events such as giving cards to mark a person's birthday and preparing a special cake for them to enjoy.

Staff recognised that moving into a residential care service is big decision and that it can be a stressful process. We saw that staff were spending extra time with a person who had recently moved in so that they could be reassured and comfortable in their new home. This included helping them to find their way around the accommodation so that they knew where to go if they needed to use the bathroom or move to a different lounge.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. Staff knocked and waited for permission before going in to bedrooms, bathrooms and toilets that were in use. When providing personal care staff ensured that doors were closed.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, "When I call to see my family member I normally sit in the lounge because it's more sociable but I could go to my family member's bedroom and I do go there now and then just to check it out."

We saw that written records that contained private information were stored securely and computer records were password protected so that only appropriate staff could access them. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need to know basis. A relative said, "If I need to speak about my family member staff usually suggest that we pop into their office so that we can talk in private."

Good

Is the service responsive?

Our findings

We noted that staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was sitting in the lounge was frowning and becoming upset. A member of staff realised that the person could not find a cardigan that they had taken off and put to one side. The member of staff looked for the garment but could not find it. They then suggested that the person put on another cardigan that was a similar colour to the original item and fetched it for them to wear. Once this was done the person became relaxed and rested in comfort in their armchair. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator who was supporting people to pursue their interests and hobbies. Records showed that on each weekday there was a social activity held in the lounge such as a quiz. During the course of our inspection we saw people enjoying playing a board game, completing arts and crafts and reading the newspaper. In addition, we noted that the activities coordinator supported people on an individual basis using a range of imaginative techniques. For example, we observed a person being encouraged to reflect on the value money had earlier in their life compared to the present day. Another example involved a person being supported to look at a pair of braces and to reflect on a time in their life when they routinely wore them to go to work. A relative said, "There's always a very happy atmosphere in the lounges with relatives visiting, staff chatting with people and generally things being lively." During our SOFI we observed three people in one of the lounges for 40 minutes. We noted that all of the people were engaged with their surroundings, spoke with each other, chatted with staff and generally were relaxed.

In addition to the contribution made by the activity coordinator, there was an external entertainer who called to the service once a month to lead a musical movement session. There was also an aroma-therapist who called each week and during our inspection visit we saw four people enjoying having their hands massaged with scented oils.

We saw that staff had consulted with people about the practical assistance they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. When asked about the assistance they received a person with special communication needs smiled and pointed to their dress that a member of staff had just helped them change after it had become marked at lunchtime. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person said, "I like knowing staff are here at night and I have my door left open so I can see them walking by."

We saw a lot of examples of staff supporting and enabling people to make choices. For example, we saw a person who was undecided about which of the several lounges they wished to use. A member of staff quietly assisted the person to walk to each of the quiet areas nearby to them and later on we saw the person smiling and relaxed in one of the smaller lounges.

We noted that people were supported to express their individuality and to meet their spiritual needs. For example, people were offered the opportunity to participate in a regular religious service. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered persons or a member of staff if they had any complaints about the service. A relative said, "I've never even come close to having to complain. The manager is very approachable and so is the owner who does odd jobs and always seems to be in the service." Another relative said, "Although it's owned by a company the (nominated individual) is very hands-on and takes a personal interest in sorting out any problems".

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had received two complaints in the 12 months preceding our inspection and that both had been

Good

Is the service responsive?

quickly resolved. However, the records that we needed to see to confirm this account either had not been created or could not be found. This oversight reduced our ability to confirm that the complaints had been suitably addressed so that any necessary improvements could be made. The registered persons acknowledged that the system needed to be strengthened and said that a new audit tool would be introduced to fully document each step taken in resolving any future complaints.

Requires improvement

Is the service well-led?

Our findings

Some of the systems used to assess the quality of the service people received were not robust. For example, we were told that the care provided for each person needed to be fully audited at least once every month. This was necessary to make sure that care was delivered as planned so that it safely gave people all of the support they needed. However, we found that these audits were overdue by between three to seven weeks. Although the registered manager had plans to address this shortfall in the near future, the oversight had contributed to mistakes not being quickly identified and resolved. These included shortfalls in the support people received to ensure that their best interests were represented when decisions were made about their care.

However, other audits had been robustly completed in relation to subjects such as the management of medicines and infection control procedures. We also noted that checks had been made of equipment such as wheelchairs and the safety latches on windows. Records showed that when a defect had been noted the necessary repairs had been quickly completed.

Records showed that relatives had been invited to complete an annual questionnaire to comment on how well the service was meeting their family members' needs and wishes. The results showed that most relatives had expressed a high level of satisfaction with the service. In addition, we noted that action had been taken to respond to suggested improvements. For example, new flat screen televisions had been wall mounted in both of the main lounges so that it was easier for people to see them. However, people who lived in the service had not been fully supported to contribute to the development of their home. They had not been offered the opportunity to attend a residents' meeting even though some people told us that this would be a useful step. For example a person said, "I might go along if it wasn't too boring and I could say what I thought, which overall is pretty positive." Shortfalls in the way people were consulted about their home had reduced the registered persons' ability to obtain the views of people who had an interest in contributing to the development of the service.

People who lived in the service and relatives said that they knew who the registered manager was and that they were helpful. A person said, "They're very nice to me and I like them." A person with special communication needs pointed to the registered manager as they walked by, smiled and later on was seen holding their hand. A relative said, "The registered manager knows in detail what's going on. When I speak with them or with one of the senior staff they know all about my family member's care and they don't have to ask other people or fiddle about with records before answering me. I find that reassuring."

We found that the registered manager oversaw a number of arrangements that were intended to develop good team working practices so that staff could provide the right care. These measures included there being a named person in charge of each shift. In addition, there were handover meetings at the beginning and end of each shift so that staff could review each person's care. There were also regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures contributed to supporting staff to be able to care for people in the right way.

In addition, the registered persons had provided the leadership necessary to enable people to benefit from staff acting upon recognised good practice guidance. For example, a number of staff had joined a national scheme called 'Dementia Champions'. The scheme is dedicated to promoting positive outcomes for people who live with dementia by notifying staff about training opportunities and sharing examples of good practice across services. This process enabled staff to test and develop their professional practice against a nationally accredited benchmark. Another example involved the registered persons being included in a new regional scheme that is designed to reduce the need for admissions to hospital. The scheme involved health care professionals being able to use a secure internet video connection to speak with people who lived in the service. This was intended to enable healthcare professionals to establish a person's medical condition so that any necessary treatment could be quickly prescribed without the person having to leave their home.

Staff said that there was an open and relaxed approach to running the service. They were confident that they could speak to a senior colleague or to the registered manager if they had any concerns about another member of staff. In addition, they were reassured that the registered manager

Requires improvement

Is the service well-led?

would listen to them and that action would be taken if there were any concerns about poor practice. A relative said, “The staff do seem to get on quite well together and work as a team.”