Care Quality Commission

Isys Care Limited

Ashdale Care Home

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 6 January 2015 and was unannounced. It was our first inspection since the new provider had taken over the service.

Ashdale Care Home provides accommodation, nursing and personal care to older people and there were 21 people receiving a service when we visited.

The registered manager was present throughout this inspection. 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.

Some improvement was needed in responding to people's individual needs with respect to their interests and preferences and also in the way the outcomes of complaints were recorded, but overall a good service was provided.

Summary of findings

People were safely cared for by enough staff who knew what action to take to keep everyone safe. The provider used safe systems when new staff were recruited and all risks to safety were minimised. Medicines were well managed to make sure people received them safely as prescribed.

Staff received regular training and knew how to meet people's individual needs. Any important changes in people's needs, or about the needs of people who had just arrived, were passed on to all staff when they started their shifts, so that they all knew how to meet their needs.

People had sufficient food and drink and staff supported them individually, if needed. People's health needs were met by the nurses in the home, who arranged additional healthcare support promptly when needed.

Staff were kind to people and cared about them. Choices were given to people at all times. People's privacy and dignity were respected and all confidential information was held securely.

A representative of the provider company visited regularly and actively monitored the quality of the service.

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?
The service was safe.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Action was taken to minimise all risks to people's safety and there were enough staff employed to keep people safe at all times.

Medicines were well managed to ensure people received them safely.

Good

Is the service effective?
The service was effective.

The staff knew the people they were supporting and the care that they needed. The staff were trained and competent to provide the support individuals required.

People received enough to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

People consented to the care they received and their rights were protected by the use of the Mental Capacity Act 2005 when needed.

Good

Is the service caring?
The service was caring.

People felt they were well cared for and staff showed compassion in the way they spoke with people.

Information was available about advocates to speak on behalf of people, but most people chose their relatives to represent their views if needed.

People were treated with respect at all times and their privacy and dignity were promoted.

Good

Is the service responsive?
The service was not consistently responsive

Care was personalised and responsive to people's needs, but the activities available did not always reflect people's individual interests and preferences.

There was a robust system to receive and respond to complaints or concerns, but it was not always clear if complainants were satisfied with the outcome of investigations into their complaints.

People who lived in the home and their relatives were asked for their opinions of the quality of the service and their comments were acted on.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager, who led the staff team by her own example. A culture of openness and honesty was encouraged at all times.

The staff were well supported and there were strong systems in place for staff to discuss their practice and to report any concerns.

The quality of the service was well monitored.

Ashdale 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.

The inspection took place on 6 January 2015 and was unannounced.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed all the information we held about the service. This information helped us to decide which areas to focus on during our inspection and included notifications of incidents. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with eight people that were using the service and six relatives who were visiting on the day. We also spent time observing the care and attention people were receiving before, during and after their lunch.

In addition to the manager, we spoke with four staff, and reviewed some records. We looked at the care files of three people and records relating to staffing, accidents, incidents and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. A visitor told us they were content that their relative was safe there. Another visitor said, "It's safe and it's a home from home here" and another said, "I can tell [my relative] feels safe here – she's happy."

From our discussion with staff we were assured that they knew about abuse and how to keep people safe. They had received training and had information about who to contact if they were concerned that someone was being abused. There were records to show that all staff had completed this training. Staff gave us examples of how they used their training and this showed us that they understood what action they needed to take in reporting any concerns.

We saw examples of clear risk assessments in people's care plans. The guidance and direction to staff was sufficiently detailed and covered all potential risks including those involved in assisting people to move, the use of bed rails and the risk of developing pressure ulcers. Staff were aware of potential risks and we saw that they ensured people had pressure cushions where needed to help protect people's skin. We also saw staff assisting people to change position to avoid pressure ulcers. We observed staff following safe procedures when using a mobile hoist to transfer people between chairs.

There were sufficient numbers of staff available to ensure people's needs were met safely. People told us there were always enough staff to help them when they needed it. One person said, "They come to help me quickly" and another said, "They respond when I use my bell straight away, more often than not." A regular visitor also told us, "I've noticed their response time is good when people use their call bells."

There was always a nurse on duty and the number of care staff on duty was based on people's dependency needs and the times when more people needed attention. For example, there were more care staff available during the mornings when people needed more assistance. The manager was also a registered nurse and did some nursing shifts herself. She told us that recruitment was currently taking place to employ a "bank" nurse so that they would always have their own nurse available, instead of using a nurse from another agency. An agency nurse had been used for some night shifts. This ensured there was a nurse available on the premises, but the aim was to develop continuity so that all nurses were known to people that lived in the home.

People were protected against the risk of receiving support from staff who were unsuitable for their role. Staff confirmed they had been through a robust recruitment process that made sure they were suitable for the work and would look after people safely. We looked at the way checks were undertaken and found there was a clear procedure, so that no new staff could start unless they had appropriate references and been through satisfactory checks. The manager was adding clear health declarations to this process to ensure people were cared for by staff who were sufficiently physically fit to meet their needs.

People told us that the nurses looked after their prescribed medicines and they trusted them to give medicines to them at the specified times. We observed that the nurse completed giving people their morning medicines by 10.30am, so that each person had received them with their breakfast or earlier as prescribed.

The nurse on duty showed us that all medicines in use were stored securely in a medicine trolley which was then stored in a small room with the stocks of medicines. There was also a refrigerator that was well maintained for storage of medicines that needed to be kept cool. We saw the current medicine administration record (MAR) sheets that were used to record when people had or had not taken their medicines and these were initialled by the nurse for each medicine taken. Most of the records were printed by a pharmacist with the information taken directly from the doctor's prescriptions. There were some recent handwritten additions and the nurse realised that some had not been signed by a second person to check they were correctly recorded. They ensured this was completed during our visit. There was a photograph of each person on the front of their MAR, which helped the nurses to confirm their identity. There was also information about how the medicine was to be administered and the reasons for it. The nurse had further information they could consult in the medicines room should they need it to check for any side effects they may need to report.

We saw the nurse giving medicines to one person and they reminded the person why they needed to take the medicines. The nurse stayed with the person until they had finished taking the medicines and told us this was their

Good

Is the service safe?

usual practice to ensure all people received the medicines safely and as prescribed by a doctor. There was one person that was not happy to take the medicines that had been prescribed and the nurse and manager both told us that they were working with the doctor to establish which medicines were absolutely essential for this person to take. This meant that the nurses were responding to the person's choice at the same time as pursuing clear information about the medicines to ensure they were administered safely.

Good

Is the service effective?

Our findings

People told us that staff knew what they were doing and were well trained. One person told us, "I think people have enough training" and another person said, "Staff are good, they seem to know what I need."

Staff told us about the training they had undertaken, which they described as "Regular and mostly well organised." They had a mixture of workbook, computer based and classroom training and all necessary subjects were covered to enable them to meet people's needs. The manager explained that they were moving to a new system of training, so the staff would have a trainer and use a computer in groups in order to encourage more discussion about their learning. Staff told us they could approach the registered manager or deputy manager should they need support at any time, but they also had regular individual supervision meetings, when they could discuss their training needs. Two staff also told us about annual appraisal meetings that had been held.

People told us the staff always asked them what they wanted to do and what help they needed. They said staff always asked for their consent before they began any personal care. One person said, "I can get up and go to bed whenever I wish to." We saw that some people chose to smoke and staff assisted them to use the designated outside area.

Staff told us they had received training on the Mental Capacity Act (2005) (MCA) about two years ago and knew that they were acting in people's best interests on occasions, but felt it was an area they needed more training on. The manager, deputy manager and other nurses had received recent training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. The manager told us that they realised some assessments of people's mental capacity had not been specific enough in the past and they had changed their approach to this. They had planned more training for staff and were continually discussing the subject with staff in meetings to develop their awareness. We saw examples of where some people did not have full mental capacity to make some decisions and there were appropriate assessments that led to specific plans to direct staff to act in people's best interests. In our discussions with staff, they told us they always assumed people could choose and make decisions for themselves, but they also knew when they needed to assist with some decisions and encouraged people to receive their personal care. In this way, they were providing care and meeting people's needs effectively. The manager told us there had been no need to apply for any DoLS in respect of anyone at the home. DoLS protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

The dining room was not large enough for everyone to use at the same time, but we saw that people were asked where they wanted to have their meal. We saw that only two people chose to have lunch in the dining room and the others chose to remain in their seats in the lounge. Food was served by a cook from the trolley in the dining room. Care staff served the meals to people wherever they were. Most of the people we asked said that the food was, "Okay." One person told us, "There's not very much choice", but another said "Food's okay. They're very accommodating. I ask for what I want and they will get it." Most people were eating unaided, but where they needed help, care staff assisted sensitively, by sitting at the same level. A visiting relative told us the person they were visiting "is a fussy eater, they will do whatever she wants to eat." We also saw that people had a choice of drinks that were available throughout the day. This showed that people had choices of what to eat and drink.

There were typed versions of menus on the wall, but the board displaying 'Today's Menu' was blank. The cook for the day told us that the menus would be changing in the near future. The manager told us the regular cook was working at home that day on adjusting the menus. In the kitchen, we saw information about some people's dietary needs and preferences. We noticed some were missing and the cook for the day told us they were waiting for some updates. Care staff were aware of individual people's dietary needs and we saw one of the staff quickly offered an alternative when someone had received the wrong meal. The manager told us the following day that the new menus were in place and care staff had been updating the dietary needs and preferences information sheets.

People were supported to maintain good health. There was a nurse on duty at all times to attend to any immediate

Good

Is the service effective?

health needs. Some people had regular visits from district nurses. Four people told us of visits they had from doctors and other health professionals and one person said, “They always arrange for a doctor to visit me when I’m poorly.” We observed there was a visiting chiropodist on the day of the inspection. We saw records of dentists and opticians visiting people at the home too. We saw that health needs assessments were carried out and action had been taken to provide pressure relieving equipment. People’s weights were closely monitored when needed. One health professional told us that staff at the home worked well with them and they followed professional advice to ensure people’s changing health needs were met.

Good

Is the service caring?

Our findings

We observed staff talking and interacting with people and their visitors. The staff showed good humour and patiently gave time for people to respond to them. People appeared comfortable with all the care staff. Some people told us that they got on well with staff and had positive relationships with them. One person said, “All the staff are kind, they listen to what I have to say.” Another person said, “They are lovely staff and always willing to have a little chat.” A visiting relative told us they had always found the nurses and care staff to be caring and another visitor said, “The girls always introduce themselves, so I know who I’m talking to.”

We observed staff being helpful and explaining what they were doing when they were assisting people to move, but encouraged some independence at the same time. They sensitively encouraged people to move their hands or to change their posture in order to move them safely with a hoist. This showed how staff provided assistance in a caring manner.

Staff told us they always offered choices to people and waited for their response before proceeding and we also observed this in practice. We saw that staff understood the different ways people communicated their choices and agreement about where they sat or what drink they wanted. People also told us they were satisfied with the help they received with their personal care. One person said, “I get enough help and the staff are caring.”

Information about advocacy services was available if anyone needed an objective person to speak on their behalf, but the manager told us that no one was using this service at present. Most people wanted their relatives to assist them with decisions about their care and two visiting relatives told us the meetings they had with care staff to discuss their family member’s care needs had been positive and helpful.

People told us they felt their privacy and dignity were respected. One visitor told us that their relative’s dignity was always considered and respected. They had a catheter bag and care staff made sure it was covered when they were sitting in the lounge, so that their dignity was maintained. One person told us that staff always knocked on their door every morning. Two staff told us about their training that included respecting people’s dignity in every way they could. One staff said, “It’s always important to keep things private.” We saw that all confidential and personal information was held securely. We heard staff showing respect and using people’s preferred names.

Requires improvement

Is the service responsive?

Our findings

People's interests and preferences were written down. However, we did not see many people undertaking activities they were interested in and there were no activity plans based on the individual preferences and interests. This meant the home was not consistently responding to people's interests. During the morning, an activities worker asked people if they wanted to play skittles, but only two people were interested and played. No alternative activity was arranged and we saw other people were sitting and watching care staff or dozing, though some enjoyed a visit from relatives. In the afternoon, the activities worker played a game with just one person, but did not encourage any other people to engage in any activity. Staff told us they had seen an activities worker playing dominoes some people on other days. People told us that the local clergy had visited and two relatives, who were regular visitors, said they had seen "Visiting entertainers sometimes, but usually people just sit around." Another visitor told us that they did not feel the activities workers were enthusiastic in planning activities that responded to people's interests and there were only a few activities on offer. The manager told us they were aware that more planning was needed to make activities responsive to individual people's needs and interests.

People could spend time wherever they wished in the home. Most people were in the lounge areas and some chose to spend all time in their own rooms. One person who was a keen gardener told us that staff helped them into the garden when the weather was fine. Another person told us, "They treat me as an individual and help me to do what I want." A third person said "They give the help I need, some are very good, it's personalised."

We spoke with staff who gave us examples that showed they were knowledgeable about people's medical and social history as well as how to meet people's current needs. They told us they read the care plans and received summary information from the nurse about any new people that were admitted. One of the care staff gave us an example of how they went through the care plan with people to make sure it was correct and up to date. This showed they had the information in order to respond to people's care needs.

The complaints procedure was included in the information about the home that people received when they first moved in and people told us that they were confident they could raise any concerns with staff. There were records of nine complaints and the manager had responded to these, but there were no clear indications of whether or not complainants were satisfied with the outcome of investigations into their complaints. However, one visitor said they felt they could speak to the manager at any time about anything and had always been satisfied with responses given.

People told us about regular residents meetings, which were not very well attended, but there were minutes produced and distributed to people who were not able to attend. Changes were being made to the facilities available following comments made in the last meeting. People who attended said that the provider and manager listened to them and responded to requests. The manager confirmed that these meetings were held four times a year and a satisfaction survey was given to people before each meeting. There had been concerns about the slope in the garden and action was taken in order to make the garden more easily accessible. A television was also moved in response to a concern raised in a meeting.

Good

Is the service well-led?

Our findings

One person told us, “The manager is always around and checking we are all okay.” Another person said, “It’s all run very efficiently here.”

We found the staff culture was open and honest. One experienced care staff member told us they could approach the registered manager or deputy manager easily, whenever they wanted to discuss anything. There were regular staff meetings and staff said they could speak out at these meetings if they needed to. The manager was planning smaller meetings of different sections of staff to encourage all staff to take part in open discussions. One visiting relative said, “They’ve always been open and honest with me – especially the manager, who I can talk to whenever I like.”

Staff leadership was provided by the registered manager and a deputy manager, who were both registered nurses. The deputy was always available when the manager was on holiday, but also had a specific role in organising training for all staff. The manager carried out some nursing shifts and led the staff team by example. One of the staff said, “We are really lucky with the manager we have. She is very supportive and helpful with anything we need.” The staff were well supported.

A representative of the provider company visited the home each week and had systems in place to monitor the quality of the service. This included the manager gathering information from analysis of any accidents and incidents and all issues relating to staffing and the premises in order to complete a weekly report for the provider. The representative also attended the staff meetings and the meetings with people using the service and relatives.

Care staff told us about regular checks they carried out with the nurse of specialist equipment in people’s rooms to ensure they remained in good working order. There were up to date records of checks and systems in place to report any problems. New mattresses had been provided whenever any damage was noted. Records showed that when any item of equipment needed replacing it was addressed immediately. This showed attention to the quality of the care provided.

There was an audit file showing all the checks carried out on a monthly basis and this included a full check of medicines and checks on care planning. The manager told us they also completed visual checks of the premises and alerted the provider to address areas of concern as and when required. There was decorating work on-going in a bedroom during our visit and the manager told us they had noted the work needed to upgrade bathrooms. This was planned for completion within the next three months.

The manager had a good relationship with other organisations, such as the local authority and medical professionals. We received confirmation that the manager worked with them well. We received positive comments about the care people received and the staff providing the care. They told us they had no concerns regarding the care and treatment the home provided.