Care and Resolve Limited

Ashmill Residential Care Home

Inspection report

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West Midlands
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Date of inspection visit:
12 April 2016

Date of publication:
14 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 12 April 2016 and was an unannounced comprehensive rating inspection. Ashmill had not been inspected since becoming part of Care and Resolve Limited, so this was their first inspection.

Ashmill is registered to provide accommodation for up to nineteen people who require nursing and personal care. At the time of our inspection there were eighteen people living at the location.

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.

There were inconsistencies amongst staff seeking people's consent before providing care and support.

Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed, although a wider variety of activities was requested by people, relatives and staff.

The provider had management systems in place to audit, assess and monitor the quality of the service provided, although these were inconsistent and not all people and their relatives felt involved.

People were safe and secure because risks had been assessed and managed appropriately. Staff were able to identify possible abuse and take actions to alert the appropriate professionals so that they could be protected.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.
People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location. Staff were aware of the signs that would indicate a person was unhappy and knew what action to take to support people effectively.

People's right to privacy was promoted and people were encouraged to be as independent as possible. The provider had management systems in place to audit, assess and monitor the quality of the service provided.

People were safe and secure because risks had been assessed and managed appropriately. Staff were able to identify possible abuse and take actions to alert the appropriate professionals so that they could be protected.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People's right to privacy was promoted and people were encouraged to be as independent as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as required.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not always asked for their consent before care and support was provided.

The provider was inconsistent with supporting staff supervision although people were not directly affected.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good

The service was responsive.

People had access to activities that were meaningful to them.

People were supported to make decisions about their lives and discuss things that were important to them

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service, although information and data gathering was inconsistent.

Staff were supported and guided by the management team.

Relatives and staff felt the management team was approachable and responsive to their requests.

Ashmill Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 April 2016 and was unannounced. The membership of the inspection team comprised 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.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the Local Authority Commissioners and Social Work Team. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time with most of the people living at the location. Some of the people living at the home had limited verbal communication and were not always able to tell us how they found living at Ashmill. Therefore, as part of our inspection we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us and we also observed how staff supported people throughout the inspection to help us understand peoples' experience of living at the home.

We spoke with four people, two relatives, three staff members, a health care professional, the manager and the owner of the location. We looked at the care records of four people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at

records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and we saw that they looked relaxed in the company of staff. A person we spoke with told us that the care and support they received was "wonderful". Another person we spoke with said, "I don't like being hoisted, but I feel safe and they [staff] never hurt me in any way". A relative we spoke with said, "My son's been here for twelve months, and we have no complaints". We saw that the provider had processes in place to support staff if they had concerns about people's safety. We spoke with staff that told us that they had received training in keeping people safe from abuse and could recognise the different types of abuse. One staff member explained that they might have suspicions and concerns of abuse taking place if a person's behaviour changed. Another staff member explained, "I would look for bruising, or if they [people] became withdrawn".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are completed every six months, unless something happens and we need to act". They continued by saying, "Every time you're working, you're assessing risk". We saw that the provider carried out regular risk assessments and that care plans were updated. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

The provider had emergency procedures in place to support people in the event of a fire and staff were able to explain how they followed these in practice. One member of staff explained the fire evacuation procedure, "We check the visitor's book to see who's on the premises and evacuate everyone to the fire assembly point". They went on to explain that the provider had ensured the premises were safe and the use of fire doors meant people would be kept safe until the emergency services arrive. Another staff member explained what they would do if they found a person unconscious in their room, they told us, "I'd call 999, make sure the person was safe and I'd get the relevant information ready for when the paramedics arrive".

Not everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. A person we spoke with told us, "I have to wait for staff to take me to the toilet, which can be frustrating at times". A relative we spoke with told us, "Staff are always busy and rarely have time to spend with my relative, so how do they know what's going on and if they're happy?" The provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care. We saw that the provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We observed that there was enough staff available to respond to people's needs and that they were attentive when support was requested. Most people we spoke with told us that there was enough staff on duty to meet their needs in a timely manner. A relative we spoke with said, "There's the same amount of staff on at evenings and weekends as far as I know". A health care professional told us, "There's enough staff on duty, they don't appear to be stressed". Another relative said, "There appear to be enough staff to support people, each person has their own key worker". A member of staff told us, "Working here's great, but sometimes we don't have enough staff".

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. We reviewed the provider's recruitment processes and these confirmed that staff were suitably recruited to safely support people living at the home. The manager told us how they preferred to employ their own bank staff rather than staff from a recruitment agency to ensure that people receive consistent care and support from staff that they knew.

A person we spoke with told us they had no concerns with how their medicines were managed and administered. They said, "Staff give me my medicines every day and never miss, I'm happy with what I take and how it's given to me. If I'm in pain I tell the carers and they give me Paracetamol". Another person told us, "I have my tablets every day and they [staff] have never forgotten to give them to me. If I have a pain or headache staff will give me something to help". Staff we spoke with told us that they had received training on handling and administering medicines. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). We saw that the provider had a PRN protocol in place to support people when they required medicines on an 'as required' basis. We saw care plans that identified how staff would recognise when a person was in pain.

Requires Improvement

Is the service effective?

Our findings

We saw that the people who lived at the home had the mental capacity to make informed choices and decisions about all aspects of their lives. Although not all people could verbally communicate, staff told us that they understood people's preferred communication styles and used these to encourage people to make informed decisions. One member of staff gave examples of the different ways they communicated with people in a way that they would understand and to gain their consent. They told us, "[Person's name] nods their head and smiles". Another staff member said, "We ask people before offering care and support". They gave us an example, "We ask if they [people] are OK to be hoisted, and ask how they are throughout".

Although staff we spoke with understood about gaining consent from people, we observed inconsistent practice throughout our visit, with some staff asking for people's consent while others didn't. Examples of this were; people being moved around in wheel chairs without being asked, placing clothing protectors on at lunch time, people being fed without being talked to and taking a person's shoes off to put a dressing protector on their leg.

We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. A person we spoke with told us, "I don't know if staff are trained but they seem to know what they are doing". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member explained how they had received training and support during the induction phase of their employment, which included core training, e-learning and shadowing more experienced members of staff. A member of staff we spoke with us said. "We have relevant training to meet the resident's needs". We saw that people's specific needs had been identified and staff had received appropriate training to support them, an example being epilepsy training.

Staff told us they did not have regular supervision and appraisals to support their development. We asked staff how often they had supervision with the manager, one member of staff told us, "Not often. I had supervision last year". Another staff member told us, "We have supervision every four or six months." The manager acknowledged that carrying out regular supervision with staff was not always possible, however we could see that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed. One member of staff said, "We can talk to the manager at any time if we need to".

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people were able to express their views so that they were involved in making decisions on how their care was delivered. Although the provider did not always record the views of people, they were able to discuss their care and support needs freely with staff and the manager. One person we spoke with told us, "Nobody has talked to me about my care or what I want them to do for me. Mind you, I have been here for quite a few years so I suppose they know what I need doing, but they do ask if I'm happy" A staff member we spoke with told us, "People tell you how they like their care needs to be met". We saw that staff were mindful of changes to peoples care and support needs, and that any concerns were responded to in a timely manner although the provider was inconsistent when reviewing and updating care plans.

We found that not all of the people living at the location were able to verbally express their needs; however from our observations we could see that staff knew how to support people. One staff member said, "As time goes by you get to know what people want. The more you're with them [people] the more you get to know them". Another staff member we spoke with told us, "We know people well, so we understand what they want". A person we spoke with told us, "Staff talked to me about my care needs when I came here [location] so they know what I need and how I want it [care and support] doing for me.

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People can only be deprived of their liberty so that they can 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were knowledgeable about supporting people whose behaviour they could find challenging to manage in order to keep people safe. A member of staff we spoke with told us, "If people are having a bad day we let them cool off and give them time to calm down". Another staff member told us, "We make sure they're [people] safe, and the other residents too". A third staff member said, "When they've [people] calmed down we talk and ask them what's the matter". We saw that people's care plans had information of the types of triggers that might result in them becoming unsettled and presenting behaviours that are described as challenging.

One person we spoke with told us, "There are drinks and snacks around the home during the day if I need something and a meal at meal times. There's a choice to pick from". Another person said "The foods OK and there's a few choices". We saw menus were available with photographs to help people make decisions about what they liked to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. A staff member we spoke with told us that people eat when and where they want to. We saw people eating in the dining area, some in their rooms and others sat separately in the lounge area.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. One staff member told us, "We monitor what people eat on a daily basis". We saw that there was involvement from health care professionals where required and staff monitored people's food intake. For example, some people were on special diets and records showed that dieticians and the Speech and Language Therapy Team (SALT) had been involved in developing and supporting the provider in meeting

their dietary and nutritional needs. Speech and language therapists assess and support people with communication problems and with people who have difficulties with eating and drinking.
People, relatives, staff and the health care professional we spoke with thought that people's health needs were being met. A person we spoke with told us, "Because of my poor feet I visit the chiropodist, about every six weeks". Another person told us, "If I need to see my doctor or chiropodist, staff will book appointments for me and we'll go to the surgery". A relative we spoke with told us that they were confident that their relative received support from health care professionals to ensure that their health needs were supported. A health care professional we spoke with told us, "There are no issues. I've dressed pressure sores today and can see that they are well managed by staff". They continued by saying how supportive staff were in providing up to date information about people's health needs. We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrist's, dentists, opticians and their GP, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

A person we spoke with told us, "Staff are okay at caring and looking after me and I'm happy with that". Another person said, "Staff are kind they sit and talk to me sometimes. Yes I'm happy here". A third person told us, "I have good caring staff, it's wonderfully liberating compared to the home I was in before". We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff and looked relaxed in their presence and appeared to be living a happy life. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted conversation between people and staff throughout our time at the home.

We saw that staff knew people well and communicated effectively. Staff told us how they used pictures, communication cards and photographs to help people communicate when they needed support. Staff also explained that people's care plans identified the preferred communication methods for people who communicated differently. We saw that some people who communicated differently had technical adaptations to support them. For example, one person used an electronic aid to talk to people, while another used a word pad to highlight words and letters they wanted to use. We saw that individual support plans documented people's preferred style of communication.

Staff we spoke with explained how they treated shared information from people confidentially. A staff member told us, "I keep things to myself, unless there is any risk of harm to themselves or others".

People we spoke with told us that they treated people with dignity and respect. One person told us, "Staff are never rude, raise their voice or anything like that". A member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "I keep doors and curtains closed [during personal care] so that they [person] feel comfortable in their own space". Another member of staff told us, "We knock doors and wait to be asked into people's rooms". We found that people could spend time in their room so that they had privacy when they wanted it.

Everyone we spoke with told us there were no restrictions on visiting times and we saw relatives coming and going throughout the day.

Staff told us how they supported people to be as independent as possible, they explained how people were encouraged to help around the home, for example, with the laundry, housekeeping and shopping in order to promote their independence. A person we spoke with told us how they usually showered themselves and only asked staff for support when necessary. A staff member told us, "I give people things to do, and encourage them to do more. For example, they help me fold clothes and put them in the baskets after being washed". Another member of staff said, "I encourage them [people] to do as much as possible, for example, feeding and washing themselves". We saw most people moving around the home independently and decided how they wanted to spend their time. We saw a person who had complete control of their personal living environment via a computerised adaptation for their specific needs. This ensured that their independence was optimised to its fullest.

Good

Is the service responsive?

Our findings

We saw that staff knew people well and were focussed on providing person centred care. Staff explained to us how they supported people to access religious and cultural activities. We saw that people were encouraged to make as many decisions about their support as was practicable on a day to day basis. A person we spoke with told us, "Staff talked to me about my care needs when I came here [provider] so they know what I need doing and how I want it doing for me " A relative we spoke with told us they were not involved with their family member's care reviews but were in regular contact with the home if they needed to discuss their relative's care and support needs. A person we spoke with told us, "We don't have residents and relatives meetings anymore, but no one has said why". A relative told us that they used to attend meetings but these had stopped. The manager explained that there had been low attendance at relatives meetings in the past. The Manager told us, "We don't have relatives meetings but we operate an open door policy. Relatives can talk to us whenever they want to and we have monthly residents meetings". We saw detailed, personalised care plans that identified how people liked to receive their care. A staff member told us, "We know them [people] from their care plans and through general conversation". Another member of staff said, "We don't have residents and family meetings but we talk to people and their families regularly".

Throughout our inspection we saw that people had things to do, for example, puzzles and board games. One person told us that they were bored with the activities on offer at Ashmill and that they were dependant on their family to take them out of the home to do more stimulating activities. A relative told us, "I want more things to happen here. We have an activity person from Monday to Thursday, but there's little to do". Staff explained how they supported people to access activities of their choosing, "[Person's name] likes bowling, puzzles and music". One staff member told us, "I'll go wherever they want". Some staff told us that they felt people needed to have a greater choice of stimulating activities.

We saw that staff were responsive to people's individual needs, they were focussed on what people wanted to do at any given moment. We saw an example of this when a person asked a member of staff if they would go to the cinema with them, which they did. A staff member explained how people were able to make their own choices of what they wanted to do, they told us, "We ask people, we don't tell them. For example, what they'd like to eat or wear that day. We don't just assume". We observed staff responding to people's needs promptly when required.

A person we spoke with told us, "My room has my personal belongings, which makes it homely for me ". We saw that all people living at the home had their own rooms and choose whether to stay in them or join in, in the communal areas. Rooms were clean and personalised to the requirements of the people that occupied them.

Staff supported people to maintain relationships that were important to them. Relatives were happy that they were able to maintain regular contact with their family members.

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One relative told us, "We had a small complaint a

while back, but it was dealt with quickly". They went on to explain that the complaint was shared with staff to ensure future consistency of support. Another relative we spoke with told us how they reported an issue to the manager and they had acted promptly and shared the information with staff to avoid future incidents. We found that the provider had a structured approach to dealing with complaints in the event of one being raised and acted promptly to resolve issues.

Good

Is the service well-led?

Our findings

We saw that the location had systems in place to support staff learning and development, however recent unsuccessful attempts to identify a new training provider had resulted in a delay in some training provision for staff. The manager was able to explain how this was being rectified so that peoples care and support, and staff learning and development was not unduly effected. .

Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings. One staff member told us, "The manager is very approachable, she's good". Staff and relatives all felt that they could approach the manager at any time if they needed to. We saw that the manager was visible and involved with people, staff and relatives at all times.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We saw that both internal and external audits were used to identify areas for improvement and to develop the service being provided to people. An example being information gathered from a partner organisation to improve support for people, which were passed on to staff to improve service provision. During our inspection we saw that although the location looked tired and in need of refurbishment the manager had refurbishment plans in place and was making positive steps to improve the building.