Akari Care Limited

Ashfield Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Ashfield Court Care Home ('Ashfield Court') provides personal care and accommodation to up to 46 older people across two floors in one purpose built home. There were 45 people living at the service at the time of our inspection, 23 of whom were living with dementia.

People's experience of using this service and what we found
The new manager had made a range of improvements to record keeping and staffing to ensure people's needs were safely and effectively met.

Risk assessments contained improved person-centred information. Daily recording information was accurate and up to date. People were kept safe through good staff knowledge and awareness.

The manager worked proactively in consultation with external healthcare professionals.

Feedback from people, their relatives and a range of external professionals was positive regarding the compassionate, affectionate and sensitive approach of staff. The service felt welcoming and calm as a result.

People were included in the running of the service. The manager had planned formal resident and relative meetings and was accessible and approachable.

People ate well and had a choice of meals and snacks. Menus were varied and staff were patient when helping people decide what meals to choose.

The premises were suitable and spacious. People's rooms were clean and well decorated. The first floor was specifically for people living with dementia and areas could be improved with better regard to best practice about dementia friendly environments. We have made a recommendation about this.

The manager planned improvements in end of life care training. Currently, there was sufficient information gathered through discussion with people and their families about how they wanted to be supported at this time.

Activities were in place and there had been some recent improvements to community involvement. Feedback from people and relatives was consistent in that they felt there should be more outings. The manager had acknowledged this and was planning appropriately. We have made a recommendation about this.

The manager was well respected in the organisation and further afield. They were open and supportive with staff and liaised well with external professionals.

Training compliance had improved significantly under the new manager and further additional training was planned.

Clear systems were in place for the review and audit of all aspects of the service. Where auditing could be improved to focus more on quality, the manager took on board this advice.

Medicines were managed safely, in line with best practice. Covert medicines and medicines to be given 'when required' were well supported by clear paperwork. The premises were well maintained and appropriate health and safety checks were in place. Emergency procedures and contingency plans were in place.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Best interest decision-making followed best practice guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 29 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Ashfield Court

Detailed findings

Background to this inspection

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

Inspection team
One inspector, one specialist advisor with a dementia care background and one Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ashfield Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The manager had applied to be registered with CQC

Notice of inspection
The first day of the inspection was unannounced. Day two was announced.

What we did before the inspection
We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spent time speaking with nine people who used the service, four relatives and three visiting health and social care professionals. We spent time observing interactions between staff and people who used the service. We spoke with 15 members of staff: the manager, quality manager, two senior carers, eight care staff including night staff, the activities co-ordinator, kitchen assistant and maintenance worker.

We looked at five people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding information was clearly and prominently displayed in communal areas. Procedures were well understood by staff who were suitably trained.
- Staff took appropriate steps when they were concerned about people. The manager was developing stronger links with local safeguarding colleagues and specialist teams to help identify the best way to keep people safe. These professionals confirmed the manager worked openly and proactively with them.
- People told us they felt safe and at home. One said, "I feel secure here. I don't have people coming into my room here, not like the last place I stayed". A relative told us, "My relative is very safe here as they take care of her well, she is never alone."

Assessing risk, safety monitoring and management

- Risk assessments were specific to the needs of each person and informed by an understanding of people's needs. They had been reviewed by the manager. Actions staff needed to take to reduce risks were clearly set out.
- The service felt relaxed and welcoming. Staff calmly redirected people who were beginning to feel anxious. Staff displayed suitable knowledge about what topics and activities people would engage with.
- The service was well maintained, with a full-time maintenance member of staff who confirm they received all the supplies and equipment required. Emergency and other equipment was regularly serviced and personal emergency evacuation plans (PEEPs) were kept up to date and accessible.

Staffing and recruitment

- Pre-employment staffing checks continued. Staff we spoke with had the confidence to raise concerns internally. The provider had reflected on how to improve staff awareness of and access to internal and external support if and when they had concerns about the service.
- Staffing levels were appropriate to the needs of people's personal care and social needs. The manager did not at the time of inspection have a detailed understanding of the dependency tool the provider used. They rectified this during the inspection and we were assured about their ability to monitor and adapt staffing levels should the need arise. People said, "I press the buzzer and at night and light comes on, they come quickly," and, "There is always someone to help, if I need anything."

Using medicines safely

- Medicines were managed in line with good practice. Where people were prescribed medicines 'when required' this was supported by a separate protocol for staff to follow. Where a person was given medicines covertly this was appropriately risk assessed and the person's best interests considered and documented.

● Auditing and stock checks of medicines were effective, comprehensive and consistent. The manager had made a range of improvements to medicines storage and record keeping since the provider identified concerns in this area prior to their arrival. This included air conditioning in storage rooms. External auditing and support had also been delivered by the clinical commissioning group and a pharmacist.

Learning lessons when things go wrong

● Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed. For instance, the manager had reviewed falls within the service and rearranged staffing to ensure there was always someone observing people at the end of mealtimes. There had previously been a high number of falls at this time as people moved away from the dining area and the redeployment of staffing had made a demonstrable impact.

● The manager was receptive to feedback about areas of best practice to keep people safe.

Preventing and controlling infection

● The service was clean throughout and staff received appropriate training. People said, "They washed and cleaned my floor this morning it is a very clean place," and, "I have a washing basket in my room. I put my washing in it and they take it away and bring it back for me. I get my things back - it is very good."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service, then on an ongoing basis. The manager recognised monthly reviews in the past had not always led to updated care plan information. They had therefore begun reviewing and updating all care plans. Those we reviewed demonstrated good levels of information specific to people's needs.
- Daily recording information we reviewed was accurate and sufficiently detailed. The provider was due to trial a new electronic daily recording system for this core health information, which would enable easier information sharing with the local GP practice.
- Each person had an oral health assessment in place. The provider confirmed they were due to imminently share guidance with all locations based on recent good practice publications regarding oral healthcare. The manager agreed to incorporate this guidance into their care plan reviews. This demonstrated the provider and manager intended to make further improvements.
- People had confidence in staff knowledge and agreed they received good health and wellbeing outcomes. One told us, "The carers know what they are doing and are very helpful." Another said, "If you want a doctor they get one. I saw a doctor when I had a chest infection and I got antibiotics."

Supporting people to eat and drink enough to maintain a balanced diet

- Menus were available in pictorial format and staff ensured people were shown options before each meal. Special dietary needs were catered for.
- Feedback regarding meals was consistently positive. One person said, "The food here has improved a lot, it is hot, prompt and they have nice recipes. When I was ill I had it on a tray in my room."
- There were sufficient staff suitably deployed to ensure people enjoyed meals at their own pace and were supported in a dignified way.

Staff support: induction, training, skills and experience

- When the manager took over staff training compliance was under 50%. It was currently 85% thanks to their efforts and they ensured all staff received appropriate training.
- Staff received training relevant to their roles and people's needs. The manager was keen to support staff with further non-mandatory training.
- Staff supervisions had not happened consistently under the previous registered manager. We saw these were now happening again and planned for the rest of the year. One member of staff said of the manager, "They've taken the time to sit with us. I feel supported."
- External professionals confirmed they had confidence in formal support staff received.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● The manager had developed some strong relationships with local health and social care professionals. A practice nurse visited regularly to help ensure the service met people's needs in a timely way, rather than referring people to the GP if unnecessary. Access to other regular primary health services, such as chiropody and dentistry, was well documented.

Adapting service, design, decoration to meet people's needs

● The building was purpose built and accessible. Corridors were wide and the home was well lit throughout. There was ample communal and private space. The first floor, where the majority of people living with dementia lived, would benefit from further work, such as more tactile areas of interest and better utilisation of a spare room that currently housed activities.

We recommend the provider reviews best practice regarding dementia friendly environments and applies this to any future changes to the redecoration or layout of the first floor.

Ensuring consent to care and treatment in line with law and guidance:

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The manager had reviewed DoLS in place and was aware when they needed to reapply for these. Mental capacity assessments, along with our conversations with staff, demonstrated a good understanding of the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
- Dignity and respect underpinned staff interactions with people. Staff demonstrated sensitivity towards people and had evidently got to know them well. People said, "The carers are very nice to me and chat with me. There are lots of people to talk to," and, "The staff are lovely – they make it a home from home."
- There was a developing sense of community, with people and family members playing an active role in aspects of the service, such as helping with the gardening and growing vegetables in the greenhouse. One relative said, "The staff are always friendly. They seem even more natural and more involved now and they know my relative's foibles and moods." The greenhouse had been installed based on feedback from people.
- The manager provided visible leadership and embodied the caring, person-centred attitudes they wanted from their staff. Staff agreed this had had a positive impact. The manager demonstrated a clear ambition to build on this communal feel and to encourage more involvement and more independence for the people who used the service. They had involved people in decisions about redecorating areas of the home.
- The manager was clear that it was the staff that had maintained a deeply caring culture. They said, "The staff have been fantastic – whatever else has gone on they have always made sure people feel at home and loved."

Ensuring people are well treated and supported; respecting equality and diversity
- Staff interacted with people warmly, patiently and with evident knowledge of their preferences.
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. The manager had ensured regular visits from a local priest to ensure people's religious needs could adequately be met.

Supporting people to express their views and be involved in making decisions about their care
- The manager had reinstated resident and relative meetings, as these had not always happened consistently. They attended the recent summer fayre and played an active role in encouraging people and their relatives to contribute to how the service was run. They completed daily walkarounds and interacted personably with all people who used the service.
- The provider ran annual surveys, which they analysed and acted on where there were key themes. The results of the last survey, broadly positive, were displayed in the entrance lobby, alongside actions taken in response to the surveys.
- Advocacy information was made clearly available and people's relatives were encouraged to be involved as natural advocates.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure care planning documentation, particularly risk assessments, was updated in line with people's needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The manager was reviewing and rewriting all care plans at the time of inspection. Those that had been updated contained comprehensive levels of information regarding people's preferences and wishes. These plans were informed by people's medical history, conversations with people, relatives and input from external professionals. Staff demonstrated a sound knowledge of people's individual needs and preferences.
- Activities were supported by a full-time activities co-ordinator. People enjoyed a range of fun group activities including games, pet visits and entertainers. Reminiscence therapy was popular and effective, with good external support. We found at times the service struggled to ensure all 45 people had access to activities meaningful to them.
- The manager was aware that the activities co-ordinator had not always received consistent support from the previous registered manager and had taken steps to address this. For instance, they had arranged activities to significantly increase the residents' fund, such as a summer fayre, and a coast to coast bike ride.
- The one improvement people and relatives told us they wanted was more time outside, either in the local community or specific trips. The manager had already identified this as a need and was planning lunch trips out in a hired minibus. They were committed to ensuring activities and meaningful interactions were part of the culture across all staff.
- The manager had used their connections to arrange for one person, who used to box in their youth, to attend a local boxing gym and watch sparring sessions. Whilst the manager had made significant positive contributions to improving this area, there was still work to be done to ensure it was sustainable and not dependent on the manager's personal input.

We recommend the provider review the support in place for the planning and provision of meaningful, person-centred activities.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One external professional said, "They have worked with us well. There is always someone here who can

update me and they have a good handle on when to contact us." Healthcare professionals agreed that communication with the service had improved significantly recently. They felt this would improve even further with a review of the service's handover procedures. The manager was able to demonstrate this as another area they had identified for improvement, prior to any external feedback.

● Where people had specific communication needs, such as not being able to verbally communicate, care plans were detailed. Staff demonstrated their ability to understand people's body language and prompts throughout the inspection.

● There were posters up encouraging relatives to trial staying in touch with people via video calls and the manager was awaiting delivery of a tablet specifically to support this.

End of life care and support

● End of life care training was in place. The manager planned to build on this by working with a specialist end of life care nurse and roll out further training for staff. They planned to make a member of staff a champion in this area.

● Care plans contained information about where and how people wanted to be supported at the end of their lives.

Improving care quality in response to complaints or concerns

● There had been one complaint, which the manager had handled in line with the provider's policy. This was made clear in the service user guide and in communal areas (along with other pertinent information, such as safeguarding information).

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The manager acted in line with the Accessible Information Standard (AIS).

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant, whilst some improvements had been made, these were not yet sustained or embedded as part of the culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had identified concerns with the management of the service in the months prior to the inspection and had taken appropriate action. Both the manager and the provider agreed there was still work to be done to ensure the service maintained the significant positive improvements already made. Both acknowledged the dedication of staff in keeping standards of care high at a time when direct management support had not been effective.
- The manager was not yet registered with the Care Quality Commission but they had applied to do so. They demonstrated good oversight of all core processes of the service. They had reviewed a range of documentation to ensure records were up to date and accurate. Where this was not the case they had begun work to make improvements. Where we identified the need for practice improvement, the manager could demonstrate they were already aware of these issues and had plans in place to make changes.
- Where we suggested other areas to consider, the manager was responsive to this. For instance, care plan audits currently resembled a checklist rather than a review of quality. They committed to reviewing these after completing the priority work they had in hand. They would consider themed audits and involving 'champions' in the auditing process. Champions were not yet in place but the manager planned to have these in key areas such as dementia and infection control.
- One visiting healthcare professional told us, "It's a different place now – the feeling has changed and I think a lot of that is down to how they have come in and looked at things. They've made a lot of positive changes." Others confirmed they had confidence in the ability of the new manager.
- Staff felt more empowered than they had done previously and gave positive feedback about the impact of the manager. One said, "I feel like I can go and ask them about anything – we couldn't do that before."

Working in partnership with others

- The manager had forged some strong initial working relationships with a range of key external professionals. They had begun to work collaboratively to ensure the best outcomes for people. They needed to maintain these working relationships, and make others, over a sustained period of time.
- External professionals provided strong feedback about the new manager. One said, "We have a lot of confidence in them from what we've seen so far." They confirmed the manager was willing to take on board feedback about how they could still make improvements, for instance by reviewing handover procedures.
- The manager used their local knowledge to begin the process of building strong community links. For instance, hosting a recent summer fayre and inviting a local scout group and choir into the service on a regular basis.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The manager took pride in being personally accountable for the standards the home aspired to. They were in the process of hiring a deputy and would require support from the provider to realise these aspirations. Minutes of staff meetings demonstrated the manager highlighting areas for improvement and examples of good practice.

● Staff confirmed the manager had a hands-on approach. They felt this demonstrated the manager had taken the necessary time to not only understand people's needs, but also the needs of staff and the systems in place. One said, "Give them their dues, they've covered shifts when we've been short with sickness. They're not shy of work." Another said, "I hope the area managers give them the support they need because they seem to have made a great start."

● Relatives felt assured that they could raise any queries with the new manager. One said, "The new manager is excellent. Since they arrived the atmosphere is much calmer and much nicer. In Ashfield Court there is a massive improvement."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The manager planned to implement improved one-page profiles in each people's care file. The version we saw contained brief person-centred information about how best to communicate with people and what a good day looked like for them.

● We saw through a range of patient interactions that people's individual needs and abilities were respected. The manager had a two hour 'surgery' in which relatives or residents could speak with them in their office. Additionally, they spoke with all people on a daily basis. All people and relatives we spoke with confirmed they were approachable and had their door open at all times.