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# Ashlett Dale Rest 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? | Requires improvement |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

Ashlett Dale is a care home that provides care and support for up to 16 people some of whom may be living with dementia.

A registered manager was in place. 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 and associated Regulations about how the service is run.

People were not always treated with respect. Staff did not always consider people's emotional wellbeing.

People were supported to take part in activities they had chosen. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines.

Staff were appropriately trained and skilled to deliver safe care. They all received a thorough induction before they started work and fully understood their responsibilities to

# Summary of findings

report any concerns of possible abuse. Records showed staff received training in mental health, dementia and how to help people who display behaviours that may challenge others.

Information regarding diagnosed conditions was documented in people's care plans and risks to health and wellbeing were discussed daily during staff meetings. Staff consistently told us they communicated risks associated with people health and behaviours frequently.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs.

Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

The registered manager assessed and monitored the quality of care provided by involving people, relatives and professionals. Each person and every relative told us they were regularly asked for feedback and were encouraged to voice their opinions about the quality of care provided. Records showed care plans had been reviewed regularly and people's support was personalised and tailored to their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

We found one breach of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

# 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?**

Good

The service was safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

**Is the service effective?**

Good

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

**Is the service caring?**

Requires improvement

The service was not always caring. Staff did not always treat people with respect.

Care records contained useful information about people's backgrounds, likes and dislikes.

Staff were knowledgeable about people's care needs.

**Is the service responsive?**

Good

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

**Is the service well-led?**

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

# Summary of findings

| | |
|---|---|
| The provider regularly sought the views of people living at the home, their relatives and staff to improve the service. | |

# Ashlett Dale Rest 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 July 2015 and was unannounced.

One inspector conducted the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the deputy manager, three care workers, a district nurse, three relatives and four people. We also pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audit which was dated May 2014.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 9 July 2014 where no concerns were identified.

Good

# Is the service safe?

## Our findings

People and relatives told us staff provided safe care. A relative said: "Everything is good here, the staff make sure people are safe by keeping an eye on them" and "They make sure people are comfortable when they are in their seat and they checked my husband a lot to make sure he didn't have any cuts or bruising". A person said: "I feel very safe here, I have no complaints about that".

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

Risks had been assessed and actions had been taken to minimise any risks identified. Assessments were carried out based on people's individual needs. For example, a range of assessments were carried out, such as to determine the risk of people falling or developing pressure sores. Staff handover meetings were held regularly to share information and to monitor risk. One care worker said: "All the staff speak to each other; we are really close, we talk every day so if there are any risks we all know about it". Records showed staff shared information about nutrition, mobility and visits from healthcare professionals. A care worker told us they spoke with staff during a handover meeting regarding one person's behaviours. The handover record described the risks imposed on other people. The document showed the actions discussed included contacting the community psychiatric nurse, the learning disability team and the person's family.

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Records showed staff were required to complete a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored in a locked medicine trolley. Regular checks and audits had been carried out by the matron to make sure medicines were given and recorded correctly. People told us their medicine was given to them on time. One person said, "They never forget and I always get my medication the way I need it". At lunchtime we saw people being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and staff who had been given the medicines had signed to show that people had received them.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the fire detection system and fir fighting equipment to make sure it was in good working order. Fire exits and evacuation routes out of the building were clearly visible and accessible. Fire fighting equipment was checked regularly. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. The homes emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, gas leak or if the service needed to be evacuated.

Good

# Is the service effective?

## Our findings

People told us they felt the staff were competent in their role. One person told us, "Staff are very good at their work". A healthcare professional said: "The home has good staff in it and I think they are giving decent training". A relative said: "They always have the GP come to visit if somebody is not well".

The provider had systems in place to ensure staff received regular training and could achieve recognised qualifications and were supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. The training provided to staff ensured that they were able to deliver care and support to people to appropriately. For example, one member of staff was knowledgeable about one person's behaviours when they were anxious and knew how to support them.

Staff were provided with regular one to one supervision meetings as well as staff meetings. Staff told us that in staff, or, supervision meetings they could bring up any concerns they had. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding people living at the home. One member of staff said, "We have regular formal meetings with the registered manager but her door is always open if we have a need to discuss anything". A second member of staff said, "We can speak to either of the managers without being worried, they are approachable". A supervision record demonstrated a training requirement in moving and handling. Training records confirmed the care worker had attended the course after it had been requested.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. One member of staff said, "We would need to hold a best interest meeting if a person did not have capacity to make a decision that could put them at risk".

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People at risk of dehydration or malnutrition were appropriately assessed. Daily records showed people's intake was recorded and monitored. People who were at risk of choking had also been assessed. Food and fluid intake was monitored and recorded. Care plans included assessments from the Speech and Language Therapist (SALT) and gave clear instructions on how to assist people with eating. Care plans detailed people's food preferences. For example, soft and normal diet. People told us that they were provided with choices of food and drink and they had a varied choice. One person told us, "I can have what I want to eat" and "I can pick different things".

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the district nurse and a community psychiatric nurse. Records showed people had their flu jab and some people had been checked to determine if they had any pollen allergies.

Requires improvement

# Is the service caring?

## Our findings

People were not always treated with respect. For example, we saw two people sitting beside three care workers in the dining area. Two care workers were eating pizza and were talking to each other about the difficult relationship they had with one of the people at the table. On care worker said: "She really doesn't like you does she". Another care worker laughed and said: "She doesn't like you even more". All the care staff then started to laugh whilst the person was sitting at the table. The staff did not engage with this person during their discussion. We brought this to the attention of the registered manager and the deputy manager. They both said this was not acceptable and told us they would be talking with all staff at the next team meeting and their supervision regarding respect. People must be treated with dignity and respect. This is a breach of Regulation 10 of The Health and Social Care Act 2008 Regulations 2014. Dignity and respect.

Staff knocked on people's doors before entering rooms and staff took the time to talk with people. People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas. A relative told us staff were friendly. They said: "All the staff here are brilliant, I come in and sit with them and we have a chat. They have been good to me too as well as my husband" and "They always ask me if I want a cup of tea and how I am".

Staff sought permission before undertaking any care and support with a person. We saw one staff member ask a person if they wanted assistance with their meal which the person accepted. A relative said: "I come here all the time and the staff treat people with dignity". Another relative said: "They stroke his hand, they tell him he looks nice and they laugh with him".

Care plans contained guidance that maintained people's dignity whilst staff supported them with their personal care. This included explaining to people what they were doing before they carried out each personal care task. Staff were able to demonstrate an in depth knowledge of people they cared for. Records contained information about what was important to each person living at the home. People's preferences on how they wished to receive their daily care and support were written in their care plans and their likes, dislikes and preferences had also been recorded.

There was a section in people's care plan about people's life history which detailed previous employment, religious beliefs and important events. Staff explained information helped them to have a better understanding of the people they were supporting and to engage people in conversation.

Good

# Is the service responsive?

## Our findings

People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: "The staff look after me the way I need them to". A relative said: "I am involved a lot, they keep me updated with how he is and I have been involved in reviews about his care". Another relative said: "I am happy with the home".

People and relatives told us they knew how to complain. The service had good arrangements in place to deal with complaints. People, relatives and staff consistently told us complaints were taken seriously and investigated thoroughly. Records showed where people had made complaints the complainant was regularly consulted and updated with any progress. A relative told us they had complained about an issue several months ago and found the staff member dealing with the complaint was understanding and committed to dealing with it efficiently. One person said: "It is OK here but if I wanted to complain I would speak to the staff or I would tell the office".

The complaints procedure informing people of how to make a compliant was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).Relatives told us they were aware of the complaints procedure but said informal conversations with management usually resolved any issues they felt they had.

Relatives and healthcare professionals told us Ashlett Dale had regular activities which took place to help stimulate people. One person said: "I play a lot of games with the staff" and "I do like to play bingo". Records showed entertainment including singing and exercise classes were part of the homes activities programme. A relative said: "There are times people are watching TV but the staff and the activities coordinator help motivate people to join in with games".

People received care specific to their needs in respect of behaviours that challenged others and accidents and investigations were conducted appropriately. For example, a recent incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents. A relative said: "Sometimes things happen that is no fault of the staff but they seem to deal with incidents pretty well. They are confident and know what to do".

The provider had useful information documented in people's pre-admission assessments. This included personal information, next of kin, GP and social worker details, medical history, communication needs, medication, dietary requirements and any mobility issues. Staff told us it was helpful when people were admitted to hospital or they needed to speak with people's family. Daily reports that documented the care people received were up to date and included information on the person's well-being, diet, preferences and professional interventions carried out that day.

Care plans were in place for maintaining a safe environment, communicating, nutrition, personal care, mobilising, sleeping, spiritual needs, psychological/ emotional wellbeing and pressure sores. Care plans were person-centred to the individual and were written in collaboration with people who used the service and their representative. Each care plan had a monthly review sheet, which was up to date. Assessments contained recommendations from professionals including occupational therapists and speech and language therapists. Risk assessments were regularly reviewed and were up to date. Staff told us the documentation was useful in helping them to meet people's needs.

Good

# Is the service well-led?

## Our findings

Staff and relatives told us they were happy with how the home was managed. A relative said: “Any time I have ever asked for something it has been done” and “The manager is approachable, they are like friends to me”. A person said: “I do like them”

Staff were complimentary about the management team. They said that they had received regular supervision and that they attended regular staff meetings. They told us that they felt listened to and that their ideas and suggestions discussed at team meetings were acted upon. One staff member said, “I get on well with the management team and feel that I can speak to them if I have any problems.” Another staff member said, “The training is good and it is on-going. I enjoy working here and think that the home is well led.”

The service learnt from its quality assurance system and implemented improvements. The service had carried out a range of audits that included medication, health and safety, care plans, incidents and accidents and complaints as well as health and safety checks. The registered manager told us that the audits helped to identify the need for improvement. A recent audit identified improvements were required in the laundry area. We saw plans in place to make the required improvements.

Staff told us they enjoyed working at the home. They said they were treated fairly and felt supported by the management team and their colleagues. One member of staff said, “I don’t have any issues with management, they are good to me” Comments from other members of staff included, “They are great” and “They are good leaders, if I don’t know something they usually know the answer”.

The management team had an ‘open door’ policy which provided the opportunity for people who used the service and members of staff to discuss any issues with them at any reasonable time. Discussion with members of staff confirmed that policies and procedures for reporting poor practice, known as ‘whistleblowing’ were in place. Staff said they would not hesitate to report any concerns about the practice of their colleagues and were confident that these concerns would be acted upon immediately.

Meetings for the staff team were held regularly. At these meetings issues relating to care planning and the needs of people were discussed. Other topics such as infection control, fire safety and property maintenance were discussed. Minutes of meetings held on 6 May 2015 included discussions about medication, training and communication. Regular meetings helped to ensure that the staff team were informed of any policy changes and that they were actively involved in any on-going training.

Annual quality assurance questionnaires had been sent to relevant people to gather their views and opinions about the quality of the service. People told us that they felt the quality of the service was good. One person said, “We are grateful to all the staff at Ashlett Dale for the care and support given to (person) during the last few weeks of her stay. She was treated with great compassion at a difficult time.” A professional said: “I was asked to train the staff at Ashlett Dale care home in practical manual handling and practical first aid sessions. The staff demonstrated good caring and understanding to each service user during these sessions, taking into consideration best practice when moving and handling people and also good first aid techniques”.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect<br>**People were not always treated with respect.** |