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Ashleigh Court Rest Home

Inspection report

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Ratings

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

Overall summary

We inspected this home on 6 and 7 January 2016. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to 19 older people. At the time of our inspection 18 people were living at the home.

The registered manager was present during our 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.

People using this service told us they felt safe. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Risks had been assessed to keep people safe and protected, whilst not compromising their freedom and choices.

People and their relatives made a number of positive comments about the staffing arrangements in the home

Summary of findings

and their confidence in staff. Pre-employment checks were carried out to ensure staff were suitable to work in the home. Safer recruitment checks were needed in relation to obtaining references.

People received their medicines as prescribed; however, the management of some medication needed to be improved for medication not taken on a regular basis. Potential for errors were noted in respect of medication administration where medicines were not needed routinely or were not in a monitored dosage system.

People were supported by staff who had the skills, experience and knowledge to meet people's individual needs. Staff told us they were well supported and received supervision regularly.

Staff we spoke with had received training in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However, they were unsure about how to apply the principles of the MCA into their practice. Necessary applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had been submitted to the local supervisory body for authorisation.

People's nutritional and hydration needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People were supported to access a wide range of health care professionals.

People told us that staff were kind and caring. We saw instances when people's privacy and dignity were compromised.

People told us they were involved in the initial planning of their care and that they were happy with their care. People were not always involved or contributed to the reviewing of their individual needs.

People told us some activities of particular interest to them were provided for them to participate in. However the activities offered on occasions were not engaging enough for all people in the home. .

Procedures were in place to support people and their relatives to raise any complaints. Plans were in place to ensure that and informal concerns raised would be recorded and utilised to improve the service.

People, their relative's and staff consistently told us that the registered manager was kind, approachable and supportive.

Quality assurance systems in place were ineffective to monitor and quality assure the service people received. The systems did not ensure the home was consistently well-led and compliant with regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People received their medicines as prescribed but the service did not consistently follow safe practice around medication that was not needed routinely, or only needed occasionally.

There was a process in place to undertake pre-employment checks. However, we found safe recruitment checks had not always been followed in relation to obtaining references.

Staff knew how to recognise and act on the signs of potential abuse and harm.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they required to meet the needs of the people they supported.

Staff ensured that people's rights were protected and consent obtained before care and support was provided. Assessments of people's capacity to make decisions and determination of their best interests had not always been undertaken or recorded in line with legal expectations.

People were supported to eat and drink. People had access to healthcare when necessary.

Is the service caring?

Requires improvement

The service was not always caring.

We observed that people's privacy and dignity was not always supported and maintained.

People and their relatives told us staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

Most people participated in the planning of their initial care and support plans. Care plans were regularly reviewed although people were not always actively involved in the reviews.

Activities were offered that took into account the interests of some of the people in the home but there were times when there were no organised activities of interest being provided.

Procedures were in place for people and their relatives to enable them to voice any complaints.

Summary of findings

Is the service well-led?

The service was not always well-led

There were ineffective quality assurance systems in place to monitor and improve the quality of the service.

People, their relatives and staff spoke very positively about the approachable and supportive nature of the registered manager.

Requires improvement

Ashleigh Court 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 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 6 and 7 January 2016 and was unannounced. The visit was undertaken by one inspector and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we had about this provider. We also contacted service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

The provider was asked to complete 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. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with six of the people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with five relatives of people and two visiting health and social care professionals during the inspection to get their views. In addition we spoke at length with three care staff, one senior care staff, the chef, the deputy manager, the registered manager and the proprietor.

We sampled four people's care plans and medication administration records to see if people were receiving the care they needed. We sampled three staff files including the recruitment process. We looked at some of the registered providers quality assurance and audit records to see how they monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living at the home. A person we spoke with told us, "I feel safe, it's a nice building." A relative we spoke with told us, "My relative is definitely safe living here."

People told us that if they had any concerns or did not feel safe they would feel comfortable to tell a member of staff. A person living at the home told us, "I would soon tell the boss if I wasn't happy about something." A relative we spoke with told us, "I would be happy to speak to any of the staff here if I had any concerns."

We spoke with seven members of staff about the home's safeguarding procedures. All had received training and were able to describe their responsibilities and roles in how to protect people from potential harm. Staff told us they would report any concerns to a senior member of staff. Staff consistently told us the different agencies that they could report any concerns to should they feel the provider was not keeping people safe and protected.

We saw risk management plans were in place to keep people safe. Actions needed to minimise risks to people's safety, whilst not compromising their freedom and choices had been detailed in their care plans. One person told us, "I am able to do all my own personal care safely; I only need help to bathe." Staff demonstrated that they were aware of the measures taken in order to keep people safe. One member of staff told us, "Risk assessments are important. We do visual checks all the while." We saw that improvements had been made within the home. Flooring in the dining room had been replaced. Work was underway in the premises to improve facilities and extend the bedroom capacity. Whilst this had impacted on the people living in the home as the work progressed we were told that people were aware and had been advised that one communal room and parts of the garden were not available to use.

Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. We spoke with care staff about the procedures they needed to follow in the event of the fire alarms sounding. The majority of care staff were fairly confident in the procedures they needed to follow; however, we received mixed comments from staff about the location of the fire assembly point. We noted that no consideration had been given to the need for personal emergency evacuation plans being available for any people living at the home. The registered manager told us this would be addressed following our inspection.

We looked at the provider's recruitment procedures and found that pre-employment checks had been carried out. These included obtaining references and the checks with the Disclosure and Barring Service (DBS).We spoke with a recently appointed member of staff who told us, "This is my first week; I had to complete a DBS check and provide names of people who were going to give me a reference for the manager to contact." We saw in two staff files that whilst DBS checks had been undertaken, safe recruitment practices had not been followed in relation to obtaining references. The registered manager advised us that these would be rectified immediately after the inspection.

The provider stated in the provider information return (PIR) that they do not use agency staff.

We asked people if there were enough staff to provide people with care and support when they needed it. One person told us, "When I ring my buzzer, staff come fairly quickly." A relative we spoke with told us, "There are always enough staff on duty. They are a very close team and if, for instance, one of the night staff are off sick they rally round to keep the shifts covered. It always strikes me how dedicated they are and prepared to help each other out."

The registered manager told us that staffing levels were determined by dependency needs of the people living at the home. Staff we spoke with told us there were enough staff to meet people's individual needs.

We saw a member of staff preparing and administering medication to people; this was undertaken safely. For example, the member of staff wore a 'Do not disturb' tunic, which would enable them to concentrate and administer medicines confidently and with no interruptions. We saw the member of staff asking people to confirm their names before they had their medicines; this was done in a dignified and sensitive manner. People were encouraged to assist in their own medicine administration which promoted their independence. We saw one person self-administering their 'as required' medication'. One person told us, "I have my tablets when I need them every day." We looked at the systems for managing medicines and found systems were effective in ensuring that medicines had been administered as prescribed. Whilst

Requires improvement

Is the service safe?

staff told us they were aware of how medicines should be administered and we saw medicines had been administered to people, there were no medicine protocols in place for any medicines that had been prescribed for "use as needed" (PRN). This meant there was a risk that people might not receive the medicines that they needed or that they would be given them at the wrong times. We checked how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of the legal classification. We found that all Controlled Drugs were being stored securely and regularly audited.

We looked at the systems in place for storage of medicines. The registered manager advised us that they monitored the temperature of the medicines storage fridge. However the records were not available on the day of our inspection.

Staff told us that they had received training to administer medication. We found that there were no current competency assessments to demonstrate that staff were able to administer medicines safely, on the day of our inspection. The registered manager advised us that assessments would be updated following our visit.

Good

Is the service effective?

Our findings

People living at the home told us that they were supported by staff who had the skills and knowledge to understand their individual needs. A person we spoke with told us, "Yes, the staff seem to know what they are doing." A relative confirmed this and told us, "The staff are a dedicated team of people, working in a difficult environment with great compassion and patience." All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to enable them to provide effective care and support. Records we saw confirmed that regular training had taken place and more had been arranged to ensure staff skills and knowledge were continually developed. There was no evidence of any competency assessments being carried out. This involves observations in the workplace to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed. The registered manager advised us that there were plans to implement competency checks on a regular basis.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff on each shift. All the staff we spoke with told us they had received regular supervision and felt well supported.

We spoke with a new member of staff who told us "I'm still in the process of shadowing where I'm observing [name of more experienced staff] before I work on my own. I have had the opportunity to read care plans." We saw that the member of staff was recorded on the rota as being an 'extra' member of staff and not part of the allocated numbers of staff required. The registered manager told us that any new staff recruited had to complete the care certificate, which was a key part of the provider's induction process for new staff.

We saw that staff received handovers from senior staff before they started their shifts and staff we spoke with said communication was good within the team. We found that staff were consistently aware of changes in people's support needs.

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 people 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 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. We found that an application had been made for one person to the local supervisory body for DoLS as required and in line with the legislation.

We found by speaking with staff and records confirmed that they had not received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, staff we spoke with had a good appreciation of people's human rights. A member of staff told us, "People have all got their own rights, for example, when they want to get up, what they want to eat and it is their home." Another member of staff told us, "People have the same rights as you and me. However, staff lacked the understanding how they should gain consent from people who did not have the mental capacity to make certain decisions. We spoke with a relative who told us, "When I am visiting, I do see staff explaining to my relative what they are going to do and say 'Is that alright?'." The registered manager was able to describe aspects of one person's care that the person could not consent to and the action they had taken to address this. These decisions and the process followed had not been documented in the person's care records. This did not provide staff with the information they would require or what action to take about decisions. The manager advised that the records would be updated immediately after the inspection and the information shared with staff.

We observed a variety of meals being provided to people. A person we spoke with told us, "The food is pretty good and there is a choice, but too many sandwiches." Another person told us, "The burger I've had today was really nice." People seemed to enjoy their meals and had enough time to eat at their own pace. There was a menu on display which was presented in different formats to meet people's communication needs. We spoke with the chef who told us

Good

Is the service effective?

about people's individual nutritional needs and could describe how he met them. The chef told us that he regularly spoke with people to ask what they would prefer to eat. We saw choices being offered and alternative meals were provided when people requested it. We did note that the pureed meals on day one of the inspection were not well presented. We were informed that this was not common practice. A relative we spoke with told us, "The meals are geared to the needs of residents. They are flexible about the times and the likes and dislikes of the individual. My [name of relative] is on a soft diet, supplemented with high calorie custard and drinks, which she really enjoys."

People were supported to stay healthy and access support and advice from healthcare professionals when this was required. People living at the home had a range of health conditions. One person living at the home told us, "Chiropodists and optician's come and do our feet and check our eyes." Another person we spoke with told us, "Doctor's come and visit us when we need them." A visitor we spoke with told us about a health care issue their relative had when they moved to the home and added: "Since she has been in here their health issue is so much better." We spoke with two visiting health care professionals on the day of the inspection who also shared positive comments about the care given to people.

Requires improvement

Is the service caring?

Our findings

We saw that privacy and dignity of people using the service was not consistently protected. We asked members of staff what they did to protect people's dignity and privacy and all the staff we spoke with were able to describe how they did this in practice when they provided personal care and support. Staff referred in particular to how within double occupied rooms they ensured that privacy curtains were always used and also ensured that the timing of support provided to people who shared rooms was delivered at different times to further enhance and respect their privacy. We saw however that private and confidentiality was compromised when information was verbally shared in-front of other people. We saw a number of medical reviews being undertaken with people living at the home with a visiting doctor in a communal area. Personal information about people was spoken about in front of other people who lived in the home, as well as visitors to the home, and other staff. The information shared compromised the privacy of people using the service. We were informed by staff that on occasions the staff handover between shifts was conducted in one of the shared bedrooms. Whilst we were told that the people living in the room had verbally consented to this; action had not been taken to consider and protect the privacy and dignity of people. This was discussed with the registered manager who told us this practice would cease and there would be more areas to conduct this task once the building work had been completed.

People we spoke with told us that they could have visitors at any time. A person living at the home told us, "My grandkids come all the while." A relative we spoke with told us, "I can visit my relative anytime. Staff always welcome us and offer us coffee and biscuits."

People living at the home told us staff were "kind" and "helpful". People and their relatives we spoke with were positive about the caring nature of the registered manager and her team. A person we spoke with told us, "Staff treat me with respect". A relative we spoke with told us, "Staff are just lovely and caring. They have time for everyone." Another relative told us, "I could not ask for any better care for my relative."

People who lived at the home told us they were happy with the quality of the care provided. We observed positive interactions between people and the staff. Communication between staff and people was respectful and we saw examples were people were consulted about their personal preferences. We observed people being referred to by their preferred names. The staff we spoke with told us they enjoyed supporting people. Staff could consistently describe people's preferences and personal histories. Some people we spoke with told us they are involved in making their own decisions about their day to day life. One person told us, "I go out every day to see my friends and visit my place of worship. I have my meals when I come back. "

Good

Is the service responsive?

Our findings

Care plans we saw included people's personal history, individual preferences and interests. They reflected people's care and support needs and contained a lot of personal details. People we spoke with told us they had been involved in the initial planning of their care. Relatives we spoke with told us that they were asked to contribute towards helping to determine care plans. Whilst we saw care plans had been regularly reviewed; discussions with people and the registered manager identified that people had not always been involved or consulted with during the reviewing of their care needs. The registered manager informed us that the process of reviewing care plans would be addressed following our inspection.

People who lived at the home told us they felt that staff knew their care needs well. One person told us, "I have my hair done every week and I look forward to it." People told us they were able to make their own decisions about their day to day life.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. A person living at the home told us, "I used to bowl and I have been asking to go the bowling club." The registered manager advised us that she was arranging for this to happen. Another person told us, "It's boring doing nothing all day." We saw limited activities and stimulation being offered on the first day of our visit. A relative told us, "As far as I can see there are not many planned activities or entertainment. This is possibly the only downside of a small home. What they do well though is one-to-one care; like looking through photos with my [name of relative]." On the second day of the inspection we saw group activities being offered to people which included playing bingo. People were seen enjoying this activity with staff and we heard people laughing. We saw that a video recording was being played in the reception area showing different trips and activities people had participated in. One person stood and watched it with us and recalled the activities from the video that had taken place.

People were supported to maintain relationships with people that mattered to them. We saw one person asking the manager to make a call to a friend. The person was given a phone and they made the call in their room. A relative we spoke with told us, "I send regular letters to [name of relative] and I know the manager takes the time to sit and read them to my [name of relative]. I'm really appreciative of this."

People and their relatives knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, "If I had any complaints I would speak to [name of manager], or my social worker."

The registered provider had a formal procedure for receiving and handling complaints. A copy of the complaints procedure was clearly displayed in the premises and was available in different formats to meet the communication needs of people living in the home. Records identified no complaints had been received during the past twelve months. We were advised that there were plans in place to start recording all minor concerns to enable effective monitoring and to capture feedback for continuous improvement to the home.

Requires improvement

Is the service well-led?

Our findings

People told us they were happy living at the home. People and their relatives knew who the registered manager was. A person we spoke with told us, "[name of manager] is lovely. I go and chat with her every day." All relatives spoke positively about the registered manager and said they could approach her at all times. One relative told us, "The manager is fab. She has really moved this place forward." We saw the registered manager and provider were involved and interested in the individual care of people. We observed that they made themselves available and were visible within the home.

Whilst there were some systems in place to monitor the quality of the home we found some of the quality audits had failed to identify and address all areas of concern. We found that the auditing systems in place had failed to identify that assessments of people's capacity to make decisions when there were concerns about their ability and determination of their best interests had not always been undertaken or recorded. We saw monthly overviews had been completed to identify the accidents and incidents that had occurred in the home, but there were no effective systems in place to use the information gained to analyse trends which could prevent the likelihood of negative experiences for people recurring. On the day of the inspection we found an unpleasant odour from a number of bedrooms. The registered manager advised that there were plans in place to undertaken general refurbishments. The registered manager advised us that these would be shared with people and their relatives in a newsletter that they were in the process of developing. Following our inspection we received information that the bedrooms had been refurbished.

People living at the home told us they had not been asked to give feedback about how the service was managed. One person told us, "I do not remember being asked my opinion, or [asked] to fill in any satisfaction surveys." The registered manager advised us that no surveys had been sent out to people, their relatives or staff during 2015. Relatives we spoke with told us they had been asked for feedback in the past and had completed satisfaction questionnaires. A relative we spoke with told us, "It is important that we can trust the staff to take care of our relative and keep us posted as to how they are doing. [name of manager] keeps me informed by email, and I'm most grateful for the way she does this." We saw that resident meetings had taken place to seek the views and experiences of people living at the home. Records of a recent meeting identified that the registered manager had shared with people information about the new developments within the home. A person living at the home told us, "We were consulted with about the new building area. I'm having a new bathroom in my room; it has been a bit drafty." We did not see evidence that people's views had been captured or routinely sought to help identify and make any improvements to the service.

Our inspection visit and discussions with the registered manager identified that they were keeping themselves up to date with recent changes to regulations and understood their responsibilities and what was expected of them. The registered manager told us that they felt well supported by the provider.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

The provider had a clear leadership structure which staff understood. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly and were well attended. A member of staff told us, "I am happy working here. We are a good team." The provider had suitable management on-call rotas in place. Staff told us that the registered manager led by example and that they were able to obtain advice and guidance when requesting it.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.