

W Scott

# Ashleigh House

## 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?

Good 

### Overall summary

This inspection took place on 5 May 2015 and was unannounced. Ashleigh House provides accommodation and personal care for up to 19 people with or without dementia and people with physical and mental health needs. On the day of our inspection 19 people were using the service. The service is provided across two floors with a passenger lift connecting the two floors.

The service had a registered manager. 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.

At our last inspection in September 2013 we found that the provider was not meeting the legal requirements in respect of the safety and suitability of the premises. The provider sent an action plan stating what they would do to become compliant. During this inspection we found

# Summary of findings

that the provider had made the required improvements. People were cared for in an environment that was well maintained and the essential safety checks were carried out.

People told us they felt safe living at the care home and were cared for by staff who knew how to protect them from the risk of abuse. People were supported by a sufficient number of staff and the provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored and properly recorded.

Staff were provided with the knowledge and skills to care for people effectively and were supported by the registered manager. People were asked for their consent before care was provided. The Mental Capacity Act (2005) (MCA) was being utilised to protect people when there were doubts about their capacity to make their own decisions about the care they received.

People received support from health care professionals such as their GP when needed. Staff took on board the guidance provided by healthcare professionals in order to support people to maintain good health. People had access to sufficient quantities of food and drink.

Positive and caring relationships had been developed between people and staff. People were able to be involved in the planning and reviewing of their care and made day to day decisions. People were treated with dignity and respect by staff and supported to maintain their independence.

People received care that was responsive to their needs and staff had up to date knowledge about the support people required. Although most people chose not to participate in organised activities, staff made efforts to engage with people, who were also supported to remain independent. People felt able to complain and knew how to do so. The complaints procedure was displayed and any complaints received had been appropriately responded to.

There was a positive, open and transparent culture in the home. There were different ways people could provide feedback about the service and comments people made were acted upon. There were effective systems in place to monitor the quality of the service. These resulted in improvements being made to the service where required.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of staff to meet people's needs and people received their medicines as prescribed.

People received the support required to keep them safe and risks to people's health and safety were managed.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were provided with training and support. People were asked for their consent before care was provided and staff acted in people's best interests.

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Good



### Is the service caring?

The service was caring.

There were positive and caring relationships between staff and people.

People's privacy and dignity were respected and they were able to be involved in planning their care.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their changing needs. People were kept occupied and activities were provided for those who wished to participate.

People felt able to complain and knew how to do so.

Good



### Is the service well-led?

The service was well led.

There was an open and transparent culture in the home. There were different ways for people to provide their views of the service and feedback was used to improve the service.

There was an effective quality monitoring system to check that the care met people's needs.

Good



# Ashleigh House

## 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.

We visited the service on 5 May 2015, this was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed and sent to us 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 spoke with ten people who used the service, three visitors, two members of care staff, the cook and the registered manager. We observed the way in which staff supported people in the communal areas of the home. We looked at the care plans of three people and any associated daily records. We looked at three staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and five medication administration records.

# Is the service safe?

## Our findings

At our inspection in September 2013 we found that the building and surrounding premises were not always adequately maintained so as to minimise risks to people's safety. During this inspection we found the required improvements had been made and people were cared for in a building that was well maintained. The provider had carried out the required works to the interior of the building in order to reduce risks to people's health and safety, such as replacing a broken window pane. Also, improvements had been made to the external areas and the ramp from the dining area which enabled people with restricted mobility to access the garden.

People told us they were satisfied with the environment and commented that recent improvements had been made. The provider ensured that essential safety checks were carried out when required, such as gas safety checks and regular checks of the fire alarm. There was a system in place which ensured that on-going repairs and replacements were made, such as replacing light bulbs and fixing a broken door handle.

Risks to people's health and safety were managed without restricting people's freedom. Staff had access to information about how to manage risks to people's safety and support was provided consistently. For example, some people enjoyed visiting local shops and using public transport independently. Staff assessed people's ability to do so safely and provided the necessary support so that people could leave the home on their own. Another person had pressure relieving equipment in place to lower the risk of their skin breaking down. There were risk assessments in people's care plans which detailed the support and equipment each person required to maintain their independence and safety.

The people we spoke with told us they felt safe at the care home. One person said, "Yes I feel safe." Another person told us, "If I was upset or anything I'd speak with the manager."

People were supported by staff who had a good knowledge of the different types of abuse which may occur and how they would act to protect people. There was a procedure in place to respond to any incidents in the home and staff were aware of how to report incidents. We saw that appropriate information had been shared with the local

safeguarding authority when required. The registered manager had implemented recommendations made in order to keep people safe. Information leaflets about safeguarding were displayed in the home for staff and people to see.

There was information in people's care plans about how to support each person to reduce the risk of harm to themselves and others and staff were aware of this information. For example, we saw that some people did not always get along with others who used the service. Staff told us about the techniques they used to try and manage and reduce any tension that may exist between people. We observed that staff discreetly monitored people's safety during our inspection.

We received differing opinions from people about whether there were enough staff. One person said, "Yes there are enough staff." A visitor told us, "There seem to be (enough staff), they always seem to be at hand to do things." However, one person commented, "No there are not enough (staff)." Although we were not provided with any examples of why they felt there were not enough staff.

However, despite the different opinions of people, we observed there was a sufficient number of suitable staff available to care for people. We observed a consistent presence of staff in the communal areas of the home and people's requests were responded to in a timely manner. Staff were also able to ensure support was provided to people who chose to spend time in their bedroom. There were additional staff employed to carry out tasks such as preparing meals and cleaning. The staff we spoke with told us there were enough staff at all times of day and any unplanned absences from work were covered. Staff rotas confirmed that there were sufficient staff employed to fulfil the rota and cover for unplanned staff absences. The manager carried out an analysis of people's needs in order to determine how many staff were required. The staffing levels were flexible, for example if a person needed an escort to attend an appointment this was provided.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

## Is the service safe?

People were satisfied with how their medicines were managed and administered to them. One person told us, “I keep an eye on staff because I know exactly when I need my medicine. I get everything I need on time.”

Medicines were administered, stored and recorded safely. We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. The staff we spoke understood the importance of

managing people’s medicines safely. Medicines were stored securely in locked trolleys and records showed they were kept at an appropriate temperature. Staff recorded the medicines they had administered to people on their medication administration records. Staff ordered people’s medicines in time to ensure that they were always available when people needed them.

# Is the service effective?

## Our findings

We saw that people were cared for by staff who received regular training relevant to their role and were supported by the registered manager. Staff told us they were given training relevant to their role which helped them to provide effective care. The provision of training was on-going and there were several training courses due to take place shortly after our inspection. Records confirmed that staff received regular training relevant to their role and the needs of the people they were caring for.

Staff told us they felt fully supported by the registered manager who ensured all staff received regular supervision. One member of staff said, "The manager is really supportive, I can go to her at any time." Records confirmed that staff had the opportunity to discuss any support and training they required during supervision meetings. One member of staff had requested a particular training course and this was then provided to all staff. New starters received an induction before they provided any care which included time getting to know the people who used the service.

People were supported to make decisions about their care and provided consent for the care to be given. The people we spoke with were aware of their care plans and some people had signed these to show they had consented to the care being provided to them.

People were given the opportunity to provide consent before any care was provided to them. Where staff had doubts about a person's capacity to make a decision the principles of the Mental Capacity Act (2005) (MCA) were followed. The MCA is designed to protect the rights of people who may lack capacity to make their own decisions. We saw from our observations and records that people were fully supported to be able to make their own decisions where possible. Appropriate procedures had been followed to make decisions in the best interests of people who lacked capacity to make that decision themselves.

The majority of people were free to access the local community and we observed there were no restrictions on those people's freedom. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had followed appropriate procedures to restrict a person's freedom to leave the home. This person was supported to access the local community with a member of staff on a regular basis.

People were complimentary about the food and said they were given enough to eat and drink. One person said, "The food is fantastic, there are lots of choices." Another person told us, "I haven't been here for long but I have enjoyed the food provided so far." The visitors we spoke with were also positive about the food.

We observed that people enjoyed their meals and ate the majority of the food provided. People also had access to snacks and fruit if they got hungry in between meals. The cook prepared alternatives each day should somebody not want the menu choice. They were aware of people's dietary requirements and their likes and dislikes which we found were catered for. People were offered drinks throughout the mealtime and at regular intervals during the day.

People told us that they had access to the relevant healthcare professionals when required. One person told us they had recently seen their GP when they were unwell. Another person said, "Staff arrange all my appointments for me." Healthcare professionals visited people during our inspection having been requested to do so by staff.

Staff arranged for people to receive an annual health check and review of their medicines with their GP. People also had access to specialist services such as the dementia outreach therapist team and a dietician. We found staff had been concerned about a person who was becoming increasingly anxious and they had contacted the dementia outreach team for support. Any guidance provided by healthcare professionals was incorporated into care plans and followed in practice.

# Is the service caring?

## Our findings

People were complimentary about staff and told us staff were kind and caring. One person said, “Some carers you can’t fault and they let you know they are there for you.” Another person said, “Oh yes they are ever so good.” We were also told, “I don’t want to leave here, the staff are so good.”

We observed that people were cared for in a kind and compassionate manner and people had developed positive relationships with staff and the registered manager. Staff took the time to chat with people and enquire if there was anything they needed. We also saw that there were positive relationships between the people who used the service. Staff were aware of the different ways that people preferred to be supported, including people’s preference about the gender of care staff.

Staff ensured that people’s diverse needs were known and catered for. The information was captured when people first arrived at the home and entered into their care plans. For example, the cook had made efforts to research and cook food that was appropriate to one person’s cultural background. People were supported to access religious services should they wish to attend or have a visitor from their place of worship attend the home. Staff had access to information about people’s life history and how this might impact on how their care and support was provided. We saw that one person enjoyed reading the minutes of meetings held in the home and assisting the registered manager in editing the document, which reflected their past employment.

People were able to be involved in making decisions and planning their own care. Pre-admission assessments were carried out with people or their relatives before each person moved into the home. The registered manager ensured people were able to remain involved in making decisions. The care plans we viewed also confirmed that people were involved in making decisions about their care. This information about people’s preferences was then built into the guidance provided to staff about each person.

We observed that people were given choices such as whether they required staff support with personal care, and if they wanted to go into the garden. Staff told us they encouraged people to make day to day decisions and we observed this happening. The registered manager told us in the provider information return we received before this inspection, that a representative of a national advocacy service attended the home on a regular basis. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. People told us they valued this service and felt comfortable speaking with the advocate.

People felt they were treated with dignity and their privacy was respected by staff. One person said, “Yes you can go to bed when you like.” Another person told us that staff supported them to get washed and dressed in a dignified and unobtrusive manner. We observed staff respond positively to situations where people’s dignity may have become compromised. Staff supported people discreetly to move to another area of the home where they could provide the care required.

Staff understood the importance of respecting people’s privacy and providing dignified care. Staff told us they waited to be invited into people’s bedrooms before entering, and we observed this happening. People had access to their bedrooms when they wished should they require some private time. Visitors were able to come to the home at any time, and there were several visitors present during our inspection. Staff ensured that people had access to a private area to speak with their visitors if required.

People were supported to remain independent where possible and staff spoke about the importance of helping people to be independent. For example, several people enjoyed visiting the local community on their own and were able to do so. Staff spoke with people in a polite and respectful manner whilst at the same time maintaining a sense of humour which demonstrated their understanding of people’s differing personalities.



# Is the service responsive?

## Our findings

The people we spoke with felt that staff provided the care and support they needed. One person said, "I don't need too much support but they are there when I need them." Another person told us that staff had helped them to reduce their intake of alcohol and this had improved the quality of their life.

Staff provided people with the care and support they needed and responded to any changes in their needs. For example, one person decided they did not want to get out of bed and dressed until later than normal. Staff respected the person's wishes and assisted them to get dressed later in the morning. The staff we spoke with had a good knowledge of people's needs and what they could do for themselves. There was an effective handover system in place which ensured that staff were updated about any changes to the care they provided. Staff responded to any requests for support people made in a timely manner, both in the communal areas and from people who were in their bedroom.

Staff had access to information about people's needs and this information was kept up to date. Staff told us they were able to take the time to read care plans in order to better understand people's care needs. The care plans we viewed were up to date and reviewed on a regular basis. Changes were made to the information in care plans when required and this was communicated to staff.

We received mixed feedback about the provision of activities, however many people commented that they did not wish to join in with organised group activities. Although no activities were planned for the day of our inspection, people were occupied with talking to one another, reading and going out to visit the local shops. The registered

manager acknowledged that they had found it difficult to engage some people in the activities currently provided. However, staff continued to offer people different activities to take part in.

Staff made efforts to provide group activities, however people generally did not wish to participate in these. People told us they preferred one to one activities or were able to pursue their own interests independently. One person enjoyed visiting local pubs and was able to do so. Another person was being helped to set up an account at a nearby library so that they could borrow books of their choosing. Staff spent time on a one to one basis with people when it was appropriate to do so. Staff also organised social occasions such as a barbeque and ordering food from a local takeaway and these events were widely enjoyed by people.

People felt able to make a complaint or raise a concern and knew how to do so. One person said, "The complaints process is pinned up on the notice board. I speak with the manager about anything and she will sort it out." Another person said, "I've not had to complain but I am sure it would be dealt with properly."

People had access to the complaints procedure which was displayed on a notice board in a part of the home that everybody had access to. There was also an easier to read version of the complaints procedure available. We looked at the records relating to complaints received in the 12 months prior to our inspection. These had been investigated and responded to in a timely manner and communication was maintained with the person who made the complaint. The complaints had been resolved to the satisfaction of the complainants and action taken to remedy any issues they had highlighted.

# Is the service well-led?

## Our findings

Each person we spoke with told us they knew who the registered manager was and told us they frequently saw the registered manager walking around the home. One person said, "I find the manager very easy to talk to." We observed that the manager made efforts to speak with people and ask if they needed anything.

The staff we spoke with felt there was an open and transparent culture in the home. One member of staff said, "The manager is very easy to talk to. There is an open culture, if we make a mistake we can hold our hands up and learn from it." We saw that there was a relaxed and happy atmosphere in the home and staff communicated well with one another and with the registered manager.

Regular, in depth staff meetings were held and we saw from records that staff were able to contribute to these meetings. The registered manager utilised these meetings to discuss recent events in the home and how improvements could be made to the quality of the service. Staff told us they felt they were able to contribute to the development of the service and their ideas were taken seriously. One member of staff had recently taken on increased responsibilities and told us they were enjoying this.

The service had a registered manager and she understood her responsibilities. The staff we spoke with told us they felt the registered manager led by example and this encouraged staff to provide a good quality of service to people. One staff member told us that the registered manager regularly spent time 'on the floor' and knew what was happening. The registered manager told us prior to our inspection that they routinely arrived at the home early in the morning so that they could also meet with the night staff and include them in the development of the service, and we observed that this was the case.

Staff understood their role and what they were responsible for as each shift was managed in a way that ensured certain key tasks were allocated to members of staff. Key duties such as the ordering of people's medicines were also allocated to staff so that it was clear who should complete

these tasks. Resources were provided to drive improvements in the service. For example, there was on-going investment in redecorating the building and making further improvements to the garden area.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People benefitted from different methods of providing feedback about the quality of the service. One person said, "There are residents' meetings which I like to attend." Another person commented that they did not always attend the meetings, however they had completed a recent questionnaire. There was also a suggestion box available which people could post comments into anonymously should they wish to. The registered manager regularly checked the suggestion box and told us they tried to implement the suggestions people had made.

Records confirmed that there were regular meetings which people were encouraged to attend and contribute to. Suggestions had been made about different food choices and these had been implemented, including the introduction of a 'takeaway night'. Satisfaction surveys were provided to people and staff. Recent results showed that there was a high level of satisfaction with the service being provided.

The registered manager regularly assessed the quality of service people received by auditing areas of service, such as medication and cleaning standards. Where the audits identified improvements were required this resulted in action being taken to remedy any issues. For example, the most recent medication audit had identified that staff were not always completing the relevant records after giving people their medicines. We saw that improvements had been made in this area since the audit had been carried out. The provider also completed regular visits to the home to check that people were receiving a good quality of service and to support the registered manager. The registered manager told us they felt well supported by the provider who responded to any requests they made in a positive manner.