

Regal Care Trading Ltd

Ashley Court Care Home

Inspection report

Ashley Court Care Home
Reservoir Road
Kettering
Northamptonshire
NN16 9QT

Tel: 01536482777

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16 February 2017
20 February 2017

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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 ●

Summary of findings

Overall summary

Ashley Court Care Home provides care for up to 38 older people, many of whom are living with dementia. At the time of our inspection there were 34 people living in the home. At the last inspection, in February 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage complaints.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the home. People, their relatives and other professionals told us that they had confidence in the manager's ability to provide high quality managerial oversight and leadership to the home.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Ashley Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection that was completed by one inspector on 16 and 20 February 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with five people who used the service and twelve members of staff including care staff, housekeeping staff, the registered manager and area manager. We also spoke with three people's relatives and a visiting community nurse. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received care from a dedicated and caring team of staff. Recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People told us that staff were available when they needed them and that they didn't have to wait to receive the support they needed. One person said "the staff are good to me, I have a buzzer and I don't have to wait for them." A relative said "There's always plenty of staff available, there's always someone who can talk to us." Our observations supported these views and we saw that staff responded to people's requests for care in a timely way.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us "If I had concerns I would report them to the manager, but I would go outside the home if I needed to; to CQC." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People's medicines were safely managed and the medicines management systems in place were understood and followed by staff. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration and people received their medicines when they should.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the home. For example, staff had received specialist training in dementia, which focussed on the experience and emotional impact of living with dementia. Staff had regular supervision and appraisal; one staff member said "I have regular supervision meetings with the manager; when I can talk about any problems and get feedback and think about how to improve."

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of service users' rights regarding choice. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested from the local authority. One person told us "It's lovely being here, I can come to the lounge and be with other people if I want to and take part in the activities; but they [staff] leave me alone when I want to be. They respect that I want my own space."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. A community health professional visiting the home said "The staff have a good understanding of people's health needs and are very quick to alert us to any concerns."

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person told us "I like it here, it's great. All the staff are friendly, they're very good to me and what I ask for I get." Another person's relative told us "The biggest attribute of the home is the people who work here, the staff are patient, kind and attentive."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example what activities they wanted to take part in and what they wanted to eat and drink.

People were treated with dignity and respect. We saw that where people required support to move this was provided promptly and sensitively. Staff explained to people what they were doing and encouraged them to do as much as they could for themselves. Staff were aware if people became anxious or unsettled and provided them with support in a consistent and dignified manner. Staff approached people calmly and ensured that they positioned themselves at a comfortable level for the person they were communicating with.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people living in the home and where appropriate their relatives. Staff knew people very well; they understood the person's background and knew what care and support they needed. One person told us "The staff do all they can to help me, they couldn't do anymore." One staff member said "Everyone is different, so it's important to sit and talk to people and get to know them; what they like and what they don't. When people first come into the home we always ask them or their family about their life history."

People were supported to follow their interests and take part in social activities. For example we spoke to one person who had previously worked as a gardener and had been instrumental in making improvements to the outside space around the home. The staff had thanked them for the work they had done with a formal presentation of gardening tools; their achievements had also been celebrated in the home's newsletter. The activity schedule was based upon people's suggestions and we observed staff talking to people about future activities that they may like to take part in such as card games and arts and crafts.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. One person's relative told us "We have been given information about who to talk to if we have any concerns and if there was a problem I would go to the manager." We saw that there was a clear complaints policy in place and records were maintained of all issues raised with the manager, detailing the action they had taken.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. Staff members were enthusiastic about their roles and committed to providing good care to the people they were supporting. One member of staff said, "I am really passionate about the care we give to older people, and particularly people with dementia; they deserve good care." The provider had ensured that staff knew how to challenge the management of the service to help drive improvements and staff were prepared to use the whistleblowing procedure if they had any concerns about people's welfare.

Staff felt that they were part of the service and were able to contribute to its development. A staff member said, "We are all part of one big team, we have regular meetings and we always have the chance to talk about any changes." There were a number of opportunities available for staff to provide feedback, including regular team meetings and surveys. During team meetings staff had the opportunity to discuss the quality of care being provided, the environment and any new initiatives that were planned. People and their relatives were also encouraged to provide feedback as they were invited to attend regular meetings and regular surveys of their views were undertaken.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. Staff members felt that they were always friendly and approachable, one member of staff said "The manager is supportive and she always takes action when needed." Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure that people received quality assured care that met their needs.