

Ashleigh Rest Home Ltd

Ashleigh 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The last inspection of this service took place on 05 January 2016. The service was awarded a rating of 'Requires Improvement.' The service was found to be in breach of the regulations relating to need for consent, safe care and treatment and safeguarding service users from abuse and improper treatment. We were provided with an action plan following the inspection carried out in January 2016.

Ashleigh Rest Home accommodates older people who are living with dementia. The home had 11 single bedrooms, four of which had en-suite facilities.

The service is registered to provide accommodation for persons who require nursing or personal care. There is a registered manager in post. 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 who lived at Ashleigh Rest Home told us they felt safe and supported by staff and the management team.

During our last inspection, we found issues with the reporting of safeguarding incidents. We found not all safeguarding incidents had been appropriately reported to the relevant authorities. We looked at how reporting of safeguarding incidents were being managed during this inspection. We found people were protected from the risk of abuse because staff understood how to identify and report it.

During our last inspection, we found evidence risk assessments were not always updated following a change in needs. We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered manager had completed risk assessments, which provided updated guidance for staff in order to keep people safe.

During our last inspection we found no additional checks were documented following an accident. This put people at risk of harm. In addition there was no evidence available to show that accident and incident records had been reviewed, in order to identify and analyse any trends or patterns. We looked at how accidents and incidents were being managed during this inspection. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these.

During our last inspection, we made a recommendation that the provider follows best practice guidelines around infection prevention and control in care homes. We looked at infection control processes at this inspection and found improvements had been made.

During our last inspection, we made a recommendation around keeping Personal Emergency Evacuation Plan [PEEPs] up to date. We looked at PEEPs during this inspection and found people had up to date PEEPs

in their files to aid safe evacuation.

During the last inspection, we found in some care files, consent forms had not been completed. We also found some examples where consent had been provided by people's family members, but there was no confirmation that people who had provided consent had legal authority to do so.

We found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files.

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 viewed records for two people documenting evidence conditions for DoLs authorisations were being followed.

During our last inspection visit, we made a recommendation around reviewing care files and the systems in place to ensure these were kept up to date. At this inspection we saw care records were written in a person centred way. Staff took note of the records and provided person centred care.

During our last inspection at the service, we found concerns around good governance. There were systems in place designed to monitor quality and safety across the service but we found these had not been used effectively at times; we made a recommendation around this. We looked at the improvements that had been made during this inspection. We found there were quality monitoring systems in place to help drive up improvements in the service. This helped to ensure people were living in a safe environment.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks. This was done to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service.

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. People said the quality of the food was good. One person said, "I enjoy the meals, I do like my food." Care plans showed where appropriate, the staff had made referrals to health care professionals such as the community nursing team and GP's.

People received care which was relevant to their needs and effective because they were supported by an established staff team. The staff had received appropriate training such as moving and handling and had a good understanding of people's needs.

We received consistent positive feedback about the care provided at Ashleigh Rest Home from people who lived at the home and their relatives. We observed staff as they went about their duties and provided care and support during this inspection visit. Staff appeared to understand the needs of people they supported and it was apparent trusting relationships had been created. One relative told us, "The staff understand that they cannot bring the residents into their world so they try to get into the residents world, and they do it very well."

The registered manager and staff told us they fully involved people and their families in their care planning. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

People told us, "I like to do crosswords and the staff will provide the things I want.". And, "The staff would support me if I wanted to do something."

We saw people engaging in activities positively with staff. People were supported and encouraged to take part in activities, these were provided by the care staff and included one to one time and singing. People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

The registered manager kept up to date with current good practice guidelines by attending meetings at which they shared learning and discussed new developments in care. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

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 told us they felt safe living at the service.

The service had systems in place to manage risks and plans were implemented to ensure people's safety.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good 

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

Access to healthcare professionals was available when required.

Is the service caring?

Good 

The service was caring.

From our observations during the inspection we saw staff had positive relationships with people who use the service, staff interacted with people in a kind and caring way.

We received consistent positive comments about the staff and about the care people received.

Staff respected people's privacy and dignity in a caring and compassionate way.

Is the service responsive?

Good ●

The service was responsive.

There was a complaints policy in place, which enabled people to raise issues of concern.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were completed and reviewed in accordance with the persons changing needs.

Is the service well-led?

Good ●

The service was well led.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been conducted by the manager.

Staff enjoyed their work and told us the management were always available for guidance and support.

Ashleigh 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.

An unannounced inspection took place on 28 June 2017. The inspection team comprised of one adult social care 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. The expert-by-experience had background knowledge of caring for the elderly.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form which asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about Ashleigh Rest Home. They included two people who lived at the home, two relatives, the registered manager and three staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We closely examined the care records of five people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and completed a tour of the environment. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "Yes I am perfectly safe." Another person told us, "Staff are always around making people feel safe. " One relative told us, "I feel confident my relative is safe."

During our last inspection, we found issues with the reporting of safeguarding incidents. We found not all safeguarding incidents had been appropriately reported to the relevant authorities. We observed staff were not always dealing with concerns for individual people in a timely manner and were not following correct procedures for reporting safeguarding incidents.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding service users from abuse and improper treatment.)

We looked at how reporting of safeguarding incidents were being managed during this inspection. We found people were protected from the risk of abuse because staff understood how to identify and report it. Staff told us they had received training in safeguarding and were able to demonstrate knowledge of outside agencies they could report suspected abuse to. Staff we spoke with were able to describe the potential signs someone may be suffering abuse, such as changes in behaviour. Staff were clear about their responsibilities to report any suspicions of abuse, and were aware of the registered provider's whistle-blowing policy. Staff told us they felt comfortable in approaching the management team with any concerns they had.

During our last inspection, we found evidence risk assessments were not always updated following a change in people's care needs.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.)

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, risk of choking and risks related to diabetes management. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to. We observed staff working in ways to minimise risks to people throughout the day. For example, staff supported people to mobilise around the service safely and in line with their documented risk assessments.

During our last inspection we found no additional checks were documented to show the condition of an individual had been monitored following an accident. This put people at risk of harm. In addition there was no evidence available to show that accident and incident records had been reviewed, in order to identify and analyse any trends or patterns.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.)

We looked at how accidents and incidents were being managed during this inspection. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. The documents we viewed were fully completed and had information relating to lessons learnt.

During our last inspection, we made a recommendation that the provider follows best practice guidelines around infection prevention and control in care homes. We looked at infection control processes at this inspection and found the provider had sought advice from the local authority infection control team. The service had implemented changes which had been recommended. We looked around the home and found it was clean, tidy and maintained. The management team employed designated staff for the cleaning of the premises. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

During our last inspection, we made a recommendation around keeping Personal Emergency Evacuation Plan [PEEPs] up to date. Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan [PEEPs] needs to be completed for each individual living at the home. We looked at PEEPs during this inspection and found people had up to date PEEPs in their files to aid safe evacuation.

People told us there were enough staff on duty and staff came quickly to any requests for support. Comments included, "There is always someone around when I need them." And, "When I ask for help there is always staff around, they are very good." We viewed a selection of staff rotas which showed staffing levels to be adequate to meet the needs of the service.

People were protected by suitable procedures for the recruitment of staff. The registered provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at medicine administration records of people who lived at Ashleigh Rest Home. Records showed medicines had been signed for. We checked this against individual medicines packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. We looked at training records and found staff who administer medicines had received appropriate training for this. Staff told us, "I have been on medication training and I have my competency checked on a regular basis." And, "The manager observes us administer medicines on a frequent basis; the training we get is informative."

Maintenance records showed safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept. We could see that any repairs or faults had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well-maintained environment.

Is the service effective?

Our findings

People we spoke with told us, "I am sure they know what I need." And, "they [the staff] have been alright with me so far, I cannot complain about anything".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the last inspection, we found in some care files, consent forms had not been completed. We also found some examples where consent had been provided by people's family members, but there was no confirmation the people who had provided consent had legal authority to do so.

These findings demonstrated a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Need for consent).

At this inspection, we found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files. The care files also included good information for staff to follow with regards to the MCA including a flowchart for assessing capacity and the five principles of the MCA.

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 viewed records for two people documenting evidence that conditions for DoLS authorisations were being followed.

We saw evidence where best interest decisions had been taken on a person's behalf. The service had included other professionals and family within the decision around refusal of medicines. The best interest decision was recorded and there was clear guidance for staff to follow to ensure they were working in accordance with the best interest outcome.

During our last inspection, we made a recommendation around training to help further develop staff knowledge. At this inspection we checked the full training records of three staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding.

We found staff felt they received adequate training in order to care for people effectively. We observed staff

put their training into practice while delivering care to people. For example, we observed an instance of staff helping someone who was presenting as confused. We observed the staff member offered support in a skilled and knowledgeable way.

We spoke with a new member of staff who told us the induction was very useful and informative. We saw new staff were required to complete a number of training courses and complete some shadowing with other staff members prior to working unsupervised. One staff member told us, "I was able to ask for more shadow shifts before working on my own, I got lots of support."

We reviewed staff supervision and appraisals at this inspection and found that staff supervision and annual appraisals were taking place and documented. Staff told us that they were able to access informal support from other staff members and management in between supervisions.

During our last inspection, we made a recommendation around alternative dementia friendly ways of offering food choices and menus. During this inspection we found pictures were being used to help aid people's food choices. One staff member told us, "Sometimes people are given a choice by visual means, either by being shown photographs of what is available or, as in the case of breakfast, shown what is available so they can make a choice of what they want."

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed people were encouraged to take fluids. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences. We saw evidence where risk mitigation for someone who had lost weight over two consecutive months was followed in accordance with the risk assessment.

We observed lunch being served, we saw some people who had difficulty cutting their food being offered support to eat their meal. We observed people eating in a relaxed manner and they seemed to enjoy their meals. People told us, "The meals are very pleasant." And, "I enjoy the meals, I do like my food." People had a choice of what they wanted to eat and staff were aware of people's needs in this area.

Care plans showed that where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's. Care staff demonstrated a knowledge of the additional support being provided to people by the community nursing care team. This helped ensure people received care that was consistent with their assessed needs. .

We looked at the premises and found it was suitable for the care and support provided. There was a lift which serviced the building and all rooms could be easily accessed.

Is the service caring?

Our findings

We received consistent positive feedback about care provided at Ashleigh Rest Home from people who lived at the home and their relatives. People we spoke with told us, "The staff are very caring." And, "The staff have a lot to do and lots of people to care about, they are good." One relative told us, "The staff are very patient and kind."

We observed staff as they went about their duties and provided care and support during this inspection visit. We observed staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact.

Staff appeared to understand the needs of people they supported and it was apparent trusting relationships had been created. One relative told us, "The staff understand that they cannot bring the residents into their world so they try to get into the residents world, and they do it very well."

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respecting people's privacy by knocking on people's doors and awaiting a response before entering. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were explored within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

There was information available for people about how to access local advocacy services, should they so wish. Care records included documented visits with advocates. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

A relative we spoke with told us the service was responsive. One relative told us, "What I like about this place is that it is small and the staff know the people really well so they can pick up on anything wrong quickly and they act instantly. They then inform me of what the problem was and what they did to sort it out."

During our last inspection, we made a recommendation around reviewing care files and the systems in place to ensure these were kept up to date.

We reviewed care records at this inspection and saw care records were written in a person centred way. Staff took note of the records and provided care which was person centred. For example, we observed a staff member offering a person support to change their clothes if they wished due to their cardigan being stained. They were gentle with the person and used good communication.

Care plans were clear and concise and the information contained within them was easy to follow. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

We found assessments were undertaken by the registered manager and manager prior to any person being accepted into the home. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used as a basis on which to formulate a care plan. Individuals and their relevant family members if appropriate, had been consulted during the assessment process.

Documentation was shared with other professional's about people's needs on a need to know basis. For example, when a person visited the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw people received the appointments they needed. One person told us, "If I feel ill, the staff seem to notice straight away and do what is necessary."

People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. One person told us, "I have no problems staff do their best."

People told us, "I like to do crosswords and the staff will provide the things I want.". And, "The staff would support me if I wanted to do something."

We saw people engaging in activities positively with staff. People were supported and encouraged to take part in activities, these were provided by the care staff and included one to one time and singing. One person showed us some board games which had been bought for everyone's use by the home in response to people's request for them. During the morning of the inspection visit there was a hairdresser in

attendance styling peoples hair.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. Comments included, "I am sure they [the staff] would listen to me." And, "There are two way conversations all the time."

A system for recording and managing complaints concerns was in place. We saw evidence of complaints being raised. Information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

Is the service well-led?

Our findings

During our last inspection at the service, we found there were concerns around good governance. There were systems in place designed to monitor quality and safety across the service but we found these had not been used effectively at times; we made a recommendation around this.

We looked at the improvements that had been made during this inspection. We found the management team carried out audits and reviews of the quality of care. Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure records were of a high quality and consistent with procedure.

We saw other audits, such as those in respect of the environment and equipment, had been carried out, areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

We found a positive staff culture was reported by the staff members we spoke with. One staff member told us, "I have worked here quite a few years now and enjoy it very much." And, "I am happy here I get support, it's nice."

People who lived at the home and relatives told us the home was well led. Comments included, "The owner and the manager are approachable." And, "The manager is always available whenever you want." Staff we spoke with told us, "The manager is supportive and always willing to help." And, "There is good support here from management."

We found the registered manager was familiar with people who used the service and their needs. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We found minutes of meetings were retained and staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum.

We saw 'handover' meetings were undertaken on each change of shift. These helped to make sure any change in a person's condition and subsequent alterations to their care plan was effectively communicated and staff were clear about any follow up action required.

We looked at policies and procedures relating to the running of the service. These were in place and reviewed annually. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of

important events which happen in their services. The manager of the service had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

On our arrival at Ashleigh Rest Home, we noted the last inspection rating of 'Requires Improvement' was clearly displayed in the reception area of the home and also in the manager's office. This is a statutory requirement for all registered providers.

The registered manager kept up to date with current good practice guidelines by attending managers meetings at which they shared learning and discussed new developments in care.

We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.