Longhurst & Havelok Homes Limited

Ashley Court

Inspection report

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Date of inspection visit:
19 February 2019

Date of publication:
12 March 2019

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Ashley Court is a residential care home for up to 15 adults with a physical disability. It provides care to people who require accommodation and personal care. Accommodation is provided on the ground floor of a building with privately rented flats above. The provider had just registered with the Care Quality Commission (CQC) to provide personal care for up to five people in the adjoining flats.

People's experience of using this service:
People using the service benefitted from responsive care that was outstanding. People told us of how staff supported them to live full lives and spoke with enthusiasm about the activities they were involved in, on an on-going basis. Care was exceptionally individualised and tailored to the needs and wishes of the people using the service. Services were delivered in a way that was flexible, provided choice and ensured continuity of care. People were truly placed at the centre of the service and were consulted and involved at every level.

People felt safe living at the service and staff were aware of action needed to protect people from avoidable harm and abuse. Staff reported accidents and incidents and responded appropriately to changes in risks. Processes were in place for the safe management of people's medicines and people told us they received their medicines regularly. Staffing levels were planned to meet the needs of people using the service and reviewed regularly.

Staff were supported to deliver effective care and received training to ensure they had the skills and knowledge they required. They received regular supervision and appraisal. Staff ensured people had access to healthcare services by making appropriate and timely referrals and following their recommendations and advice. Staff involved people in decisions about their care and obtained the necessary consent for the care and support provided.

People continued to receive care from staff who were kind and compassionate in their approach. People's relationships with staff were very positive. People felt supported and it was apparent from our discussions with staff and observations throughout the inspection, that staff cared about them and their well-being. People were involved when their care plans were reviewed and were actively involved in decision making in relation to their care and support.
The service continued to be well led and benefitted from clear and consistent leadership. People were at the centre of quality assurance processes and we found a culture of continuous learning and improvement. Action plans were in place to address findings from audits and were continually reviewed and updated.
Rating at last inspection: Good (report published 21 July 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Ashley Court

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by one inspector and an Expert by Experience with experience of care of people with physical disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Ashley Court is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information we require providers to
send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service to ask about their experience of the care provided. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether

or not they were comfortable with the support they were provided with.

We spoke with five members of staff including support workers, a senior support worker, a cook and a housekeeper. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking at two people's care records and three people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•People consistently told us they felt safe at the home. A person said, "Yes, I feel safe; there are alarms on every door."
•Staff were aware of the signs of abuse and the action to take if they had any concerns. They were aware of the role of the local authority safeguarding team and how to contact them if necessary.
•People were supported to understand how to keep safe and to raise concerns if abuse occurred. Information about abuse and safeguarding was available at the entrance to the home for people and visitors and the manager told us they discussed safeguarding at residents meetings and on a one to one basis.

Assessing risk, safety monitoring and management
•Staff completed risk assessments to assess people's risks related to their health and safety and took action to reduce those risks. For example, following a person falling on two occasions, the registered manager involved the provider's health and safety team and the person was referred for an occupational therapy assessment.
•The environment and equipment were well maintained. The home had experienced a burglary when an intruder had broken into a person's room through the French doors. The provider installed bolts and alarms to all the French doors and was planning to replace the doors with more secure doors. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment
•Sufficient staff were rostered on duty to meet people's needs. People told us there were enough staff to provide them with the care and support they needed and staff also confirmed they felt staffing levels were sufficient.
•The registered manager explained how they had recently adjusted the staffing levels to better meet people's needs. When people were allocated one to one time, an additional member of staff was rostered to provide that care.
•Safe recruitment practices were followed to ensure staff were suitable to work with vulnerable people and those with complex needs. Staff confirmed the required checks were completed prior to them commencing work at the service.

Using medicines safely
•Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
•People told us they received their medicines when they should and staff took steps to ensure they did not

run out of their medicines.

Preventing and controlling infection
•Infection prevention and control policies were in place. The registered manager and another member of staff attended the county infection control forums to ensure they kept up to date with requirements and cascaded learning to the rest of the staff.
•Staff were aware of the requirements to prevent the spread of infections to others. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong
•Staff reported incidents and accidents when they occurred and the registered manager reviewed them to identify learning and ensure action was taken to reduce the risk of them happening again.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Policies and procedures were based on national guidance and were readily available for staff.
•Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience
•Staff completed regular training to gain and maintain their knowledge and skills. Induction processes ensured they were trained in the areas the provider identified as relevant to their roles.
•Staff received regular supervision and an annual appraisal. They told us they were given the opportunity to identify any additional training they needed during supervision and they could discuss any issues and concerns.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to eat and drink enough and maintain a varied, nutritious, well balanced diet. Fruit was readily available in the dining room throughout the day and drinks were regularly offered.
•People were very complimentary about the quality of the food provided and the choice they were offered. People were involved in the development of the menu that was reviewed every three months. In addition, the cook spoke with each person daily to check on whether they were happy with the menu that day or would prefer an alternative.
•Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
•Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. For example, staff worked in collaboration with the community nursing service to manage a person's urinary catheter. A physiotherapist had advised staff on the provision of exercises for a person and staff recorded when these were completed. Information was shared with other agencies if people needed to access other services such as hospitals.
•A person was obese and this was affecting their well being and mobility. Staff agreed with the person, how they would support and encourage them to lose weight in a planned way and accessed the advice of a dietitian to help with this. They also offered them the opportunity to attend a community slimming club.

Adapting service, design, decoration to meet people's needs
•People were involved in decisions about the premises and environment and individuals' preferences,

culture and support needs were reflected in adaptations or the environment. For example, people had chosen the décor for their bedrooms.
•Staff supported people's independence using technology and equipment. For example, some people used delta talker communication aids to enable them to express their wishes and speak with other people.
•Risks in relation to premises and equipment were identified, assessed and well managed. The provider had installed ceiling tracker hoists in people's bedrooms to enable them to move more easily.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

•At the time of the inspection everyone using the service had the mental capacity to make their own decision and no DoLS applications were required. People were free to leave the home independently when their mobility allowed this, and were accompanied by staff when they required support.
•People told us there were no restrictions on their freedom and we observed people going out independently during the inspection.
•People were encouraged to make their own decisions and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
•Care records showed that people had provided initial consent to their care and support and were involved in the ongoing reviews of their care plans.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
•Our observations during the inspection, showed that people were relaxed and happy and took opportunities to chat with staff about things they had been doing and were planning to do. Staff spoke about the people they cared for with understanding and compassion. They joked with them and there was an upbeat atmosphere within the home.
•People told us they were happy living at the service and one person said, "Staff are like a family…. and (the manager) is not just a manager, but a friend who will sort you out if he can."
•People told us they made choices about their daily lives and the staff acted in accordance with their wishes. People confirmed they had the choice of male or female carer, choice of clothes they would like to wear and choice of time to get up and go to bed.
•Staff knew the people they cared for very well and used this knowledge to care for them in the way they liked. They supported people to maintain their religious practices such as attending their preferred church services.

Supporting people to express their views and be involved in making decisions about their care
•People told us staff listened to them and encouraged them to express their views.
•Where people were unable to verbally communicate their needs and choices, staff understood their way of communicating. Staff observed people's body language, gestures and eye contact to understand their views and wishes.
•The registered manager told us they were able to obtain the services of an independent advocate for people if they wished; however, no one using the service was currently using an advocate. We saw information about advocates for people was available in the dining room.

Respecting and promoting people's privacy, dignity and independence
•Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
•People's right to privacy and confidentiality was respected. We observed staff speaking respectfully with people and promoting their sense of well being and inclusion.
•People were encouraged to be as independent as possible, despite their physical disabilities. For example, each person's laundry was washed separately and when people were able they did their own laundry, or did so with support from staff. On the day of the inspection, a person went into town independently in their motorised wheelchair and staff provided assistance with their shopping when they returned.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People received exceptionally personalised care and support specific to their needs and preferences. Staff had an excellent knowledge of people and their individual needs and care was delivered flexibly, in a way which ensured choice and continuity of care. The registered manager told us of how they had adjusted staff start and finish times, to better accommodate individual people's activities and times they wanted to get up, go to bed and eat.
•People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them. We saw evidence of how the Accessible Information Standards were met and exceeded. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others such as ourselves during the inspection. A range of communication strategies were used to enable people to express their wishes according to their individual needs and abilities.
•Staff were exceptionally proactive in identifying opportunities to improve the experience of people using the service and went the extra mile in enabling them to fulfil their wishes. For example, we were told of a person who had expressed a wish to visit a museum in Amsterdam to see a painting. Staff supported them to apply for their first passport and had arranged travel and accommodation, including the provision of a special bed and hoist, and support during the trip to enable them to fulfil their wish. The person told us how much they had enjoyed the trip.
•People were supported to participate in a wide range of activities based on their individual interests. The registered manager told us people preferred to participate in activities individually, rather than as a group. As a result, staff had supported them to develop their own interests that were wide ranging and involved them in community events. One person, had a season ticket for a local football team and were going to a pop concert, two others were going to Crufts and another person did voluntary work in the local library for example. Some people attended the local community centre events, another attended pottery classes and others went to local churches.
•Staff and people using the service spoke about the training they were doing for a "accumulative 100 mile triathlon" to raise money for the resident's fund. This encouraged the people to come together to achieve a joint goal. Staff and people using the service chose whether they wanted to participate by swimming, cycling (exercise cycle), walking or going out in their wheelchairs and measuring their distance.
•People showed complete trust and confidence in the staff caring for them. One member of staff solely provided one to one support for one person using the service and had provided continuity of support over a number of years. The person had developed a very positive relationship with the member of staff and trusted them totally.
•People were truly placed at the centre of the service and were consulted on every level. People were involved in staff recruitment interviews asking their own questions and contributing to the outcome

decision. A person using the service and a relative were members of the quality assurance committee, contributing to the review of audits, the development of action plans and checking on the implementation of actions.

Improving care quality in response to complaints or concerns
•A clear policy and procedures were in place for the management of concerns and complaints. Information was available for people and their relatives on how to raise a concern and the provider's policy for complaints. It provided clear, simple information about the process and sources of help and support.
•There had been no complaints made about the service over the 18 months prior to the inspection. People told us they had no reason to complain; matters were always dealt with when they made suggestions and therefore they felt they did not need to complain.

End of life care and support
•There was no one using the service who was nearing the end of their life care and the service did not anticipate needing to provide end of life care in the near future, due to the age and health of people using the service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•People told us the registered manager was available on a daily basis and well known to them. Staff and people using the service said the manager was fair and supportive.

•The registered manager and all the staff we spoke with demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service.

•They positively encouraged feedback and acted on it to continuously improve the service. This was demonstrated in the range of activities people were involved in and the changes made to the delivery of care in response to people's feedback.

•The majority of the quality assurance tools used were focused on obtaining feedback from people using the service. For example, a safeguarding and complaints audit was completed to assess people's knowledge of safeguarding and how to make a complaint. Audits of the menus and food provided was focused on obtaining people's feedback. A staff survey was undertaken to check on their perception of a wide range of issues from access to policies, approach to supervision, appraisal, and staff meetings, access to training and content of induction. The final question asked for ideas about things that could be improved.

•We saw evidence of the application of the duty of candour responsibility when a medicines error had occurred. The person affected received a letter of apology and an explanation of action taken to prevent errors occurring in the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

•The service was well led and there was evidence of clear and consistent leadership. Staff were clear about their roles and responsibilities and told us the team working was very good.

•In addition to the audits based on feedback from people using the service, regular audits were completed on areas such as medicines management and infection control. Quality assurance meetings were used to discuss the outcomes of all of the audits and action required to improve. At each meeting, progress against the actions identified previously were monitored.

•The registered manager had recently successfully applied to add the provision of personal care to their registration to enable them to provide support a small number of people living more independently in the adjoining flats. One person currently using the service was being supported to make the transition to supported living.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

•People were fully engaged and actively participated in providing their views. In addition, to the feedback audits described above, regular meetings were held with people using the service.
•A newsletter was published to provide information about recent events and future plans for development for people, their relatives and staff.
•The registered manager held regular meetings for staff. Staff told us they were encouraged to contribute their views and items for the agenda.