Isys Care Limited

Ashdale Care 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

We inspected Ashdale Care Home 12 July 2017 and it was unannounced. They provide accommodation, nursing and personal care for up to 22 older adults. There were 18 people living at the service when we visited and some of the people were receiving end of life care.

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.

They were last inspected on 6 January 2015 and were found to be good overall but to require improvement in providing activities that interested people and recording complaints. At this inspection we found that improvements had been made. People were encouraged to pursue interests and hobbies and regular activities were planned. Partnerships with external organisations had extended the range of activities on offer and completed life histories ensured that they were planned in line with people's interests.

Complaints were managed within the provider's procedure and any concerns were resolved promptly. Visitors were welcomed at any time and they were encouraged to provide feedback through meetings and more informally. Families were welcomed to stay when people were being cared for at the end of their lives. Staff were trained and supported to provide care which met people's wishes at this time. Dignity and privacy was maintained at all times.

Staff developed caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences. They understood the importance of consent and always explained to people what care they were going to provide. People's capacity to consent to their care and make their own decisions was assessed and reviewed when required.

People received the medicines they were prescribed safely and there were systems in place to reduce the risks associated with them. They were supported to maintain good health and had regular access to healthcare professionals. Their care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were kept safe by staff who could identify signs of abuse and knew where to report any concerns. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. People told us that there were always enough staff to meet their needs promptly.

Mealtimes were not rushed and people said that the food was good. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

The provider completed quality audits to continually drive improvements. They also met their regulatory

requirements.

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.

Risk was assessed and managed risk whilst helping people to maintain some of their independence. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely. Safe recruitment procedures had been followed when employing new staff. People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received training and line management to enable them to work with people effectively. They understood the importance of consent and supported people to make their own decisions. People maintained a balanced diet and to access healthcare when required.

Is the service caring?

Good

The service was caring.

Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Relatives and friends were welcomed to visit freely. The staff were trained and skilled in supporting people at the end of their lives.

Is the service responsive?

Good

The service was responsive.

Hobbies and interests were encouraged and enjoyed. There was a complaints procedure in place and feedback was encouraged. People and their families were involved in planning and reviewing their care.

Is the service well-led?

Good

The service was well led.

Quality checks were in place to continuously improve the service. The managers were approachable and listened to people's feedback. The staff team felt well supported and understood their responsibilities.

Ashdale 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 12 July 2017 and was unannounced. It was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had 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. We used this information to help us to come to our judgement. However, we also recognised that the provider had sent us the information six month previously and so we gave them the opportunity to update us at the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with three people who lived at the home about their care and support and to the relatives of three other people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with two care staff, the activities co-ordinator, the cook, the deputy manager and the registered manager. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People were kept safe by staff who understood their responsibilities to recognise and report abuse. One person said, "I do feel safe here because the staff look after me very well". A relative we spoke with told us, "We are happy that our relative's safety is a priority here". Staff we spoke with could tell us how they would manage any concerns that they had. One member of staff said, "I would report any concerns to the nurse in charge on the day and also to the manager. If I needed to take it further then I would and the phone numbers are on the wall". We saw that there were posters on the walls in communal areas which detailed the local safeguarding contacts. When safeguarding concerns were reported, the provider worked with the local authority to investigate them in line with their safeguarding procedures.

Risks to people's health and wellbeing were assessed and managed. One person we spoke with told us, "I have to use a hoist and I don't like it. The staff help me to relax because I am tense when I am in it. They have talked to me and I know I need to use it". The relative of another person told us, "They reposition my relative regularly as planned and their skin is in good condition. They are also assessed as needing a soft diet and they always get this right". When we looked at the risk assessments we saw that they reflected what people had told us. We observed people being supported to move safely and in line with their care plans; for example, using a frame with one member of staff walking beside them. Staff we spoke with were aware of people's risk management plans; this included emergency plans and the level of support people would need to evacuate the home. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

Medicines were managed to ensure that people received them as prescribed and there were systems in place to reduce the risks associated with them. We observed that people were given their medicines individually, that time was taken to explain and to ask if they required any additional medicine; for example, for pain relief. One person we spoke with said, "I can ask for pain killers if I need them. I tried lots of different ones when I first came in but it has settled down now". Another person said, "I asked for my medicines for a condition and the nurse has just fetched it for me". One relative we spoke with told us that their family member had come from hospital for end of life care. They said, "They are managing their medicines to ensure that they are as comfortable and pain free as possible". We saw that records were kept and that medicines were stored and managed safely to reduce the risks associated with them.

There were enough staff deployed to meet people's needs and they did not have to wait. One relative told us, "There are more staff than we expected. There is always someone about". We saw that staff were always available in the communal areas to meet people's needs and that they also ensured that people who were in their rooms were regularly checked and supported. One member of staff we spoke with said, "There are enough staff here at the moment. There is also flexibility; for example, when we had a lot of people who had high needs and required end of life care the provider increased the staffing levels". In the PIR the provider told us, 'Staff numbers and the dependency of the residents is now being reviewed on a regular basis. It is particularly useful when a new person is admitted or when there are any significant changes with the existing people which might require a change in the staffing level. A dependency tool (developed by the provider) is now being used by the management team to inform staffing levels'. This demonstrated to us

that the provider ensured that there were sufficient staff to meet people's needs.

We saw that the provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. Records that we reviewed confirmed that these checks had been made.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and experience to do so effectively. One person we spoke with said, "They look after me well, they know what they are doing". Another person told us, "There is always a nurse on duty and I have confidence in them". Staff we spoke with told us that they received the training that they need to do their job well. One member of staff said, "I have completed some specialist end of life training alongside the manager. It was really interesting and we have looked at things like living wills which respect individual's wishes". Another member of staff said, "I have done all of the usual training and I have also had specialist training around my specific role which was great. It gave me lots of ideas to bring back to the home". The registered manager had introduced champion roles and one member of staff told us, "I am the nutrition champion. I was asked to take on this role because I have done training previously and also have catering experience. The manager is organising some more training too". The registered manager told us, "The champion roles are something we want to develop so that we can have more expertise within the team".

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). We looked to see if the provider was working within the principles of MCA.

Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. We saw that when needed people had mental capacity assessments in place these described what decisions they had the capacity to make. They described if the person's capacity fluctuated and what a good day would look like. We saw staff explained to people what they wanted to do and checked with people they were happy for them to do this. This demonstrated that staff understood the importance of consent. One member of staff told us, "Some of the people we care for are very poorly but we train the staff to know that they can still consent; it may be a look or a tap of the hand but it is still there". The registered manager told us there were no DoLS authorisations in place and that no applications had been made. They told us that they kept this under continuous review with people and their families.

People we spoke with told us that they had good meals and were always offered a choice. One person said, "The food is good and they know that I prefer a hot meal in the evening and so they organise that for me". Another person said, "I like to eat to eat soft food and they can always provide me with that". One relative told us, "My relative is eating well since they came here. They don't eat a lot but they really enjoy what they have". We observed that when people needed assistance to eat or drink staff did it in a patient, respectful manner and continued to encourage people to do as much for themselves as they could. Specialist diets were prepared to meet assessed need and records of food and fluid taken were maintained for some people

who were nutritionally at risk. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met and were supported to attend regular and emergency appointments. One relative said, "The GP comes regularly and also other health professionals as needed". Another relative told us, "My relative has registered with the local GP practice and has seen the doctor". We saw that appointments were made in response to changing health needs and that recommendations were followed; for example when health professional recommended certain diets. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

People felt that the staff were caring and that they were happy with them. One person said, "The staff are always cheerful, kind and happy". A relative said, "The staff are attentive and have a cheerful attitude. It seems like a happy place". We observed respectful, kind interaction between staff and the people they supported and that they knew them well. One member of staff we spoke with said, "It's a small home and everyone here is treated like family". People told us that they were made to feel important. One person said, "When my laundry is done they even hang up my ironed nightwear. If I lose something the staff will hunt it down for me".

People were supported to make choices about their care. One person told us, "I choose to stay in my room and I use my buzzer if I need anything. I have always preferred my own company and they respect this". Another person said, "I am going to eat my meal where I am sat. The staff ask me to go to the dining room but it is my choice and I prefer it here". We saw that people were asked what they wanted and where they preferred to be; for example after a meal, people requested to go to their rooms for a rest and staff supported them to do so. People told us that they were encouraged to be as independent as possible. One person said, "I can walk short distances and while I can they encourage me to do so instead of using a wheelchair".

Privacy and dignity was respected and upheld. One member of staff introduced us to speak with a person who chose to be in their room. They said, "This person has a bell outside their room. I will just ring it and they will ask us to come in". When we spoke with the person they said, "I don't hear well so I couldn't always hear the staff knocking the door. I asked them to put the bell up instead". We saw that when people were cared for in their beds that they were covered and had personal belongings around them. One member of staff said, "I am the dignity champion and so it is my job to remind staff about it; for example, shutting doors and knocking before entering".

People told us that their families were welcomed at any time and we saw relatives and friends visited freely. One person said, "They come to see me most days and are always welcomed". A relative told us, "When our relative moved here we were told that we could come anytime. They said everyone can come and we have brought grandchildren who have been welcomed by everyone. I think that the people living here enjoy seeing young one running around".

When caring for people who were at the end of their lives the staff encouraged families to spend as much time as they wanted to with the person. One member of staff said, "Families can take meals here and stay overnight; we support them anyway we can. If people's families are unable to be here at the end then staff take it in turns to sit with people so they are not alone" Staff told us that they had close links with the local hospice and had attended study days with them. One member of staff said, "Our aim is to keep people comfortable and pain free". Some staff had received training in using the medical equipment needed to administer certain medicines. In the PIR the provider told us, 'We enjoy good professional relationships with the local specialist healthcare professionals who frequently visit the home and are always available to provide valuable support and advice for people, relatives and staff. We have achieved the foundation level

of the Gold Standard Framework in End of Life Care and we aim to demonstrate the evidence for further accreditation in the next year". When we reviewed people's plans we saw that they were clear about their wishes and included spirituality requirements.

Good

Is the service responsive?

Our findings

At our last inspection we found that activities need to be improved so that they were based on people's interests and preferences. At this inspection we saw that this had been improved. People told us that there was a range of activities on offer and that they could choose what to do. One person said, "They offer to take us out and go for lunch and shopping. I don't like to in the summer because of allergies but I know other people go regularly and enjoy it". Another person said, "On a Friday the activities staff bring in their kittens and I look forward to that". We saw that people were engaged in individual or small group activities which they were interested in; for example reminiscence activities about local history. One person told us, "I have an electronic system in my room so that I can listen to newsletters from a local support group. I also listen to talking books which I enjoy. There is another one for other people to use in their rooms as well". When people were cared for in their rooms or were in bed they were supported there. Staff took time to sit and talk with them, offer gentle massage and read poetry. One member of staff told us, "We had a recent project with an arts company which was really inspiring. They did music and movement and people really got involved. They also mentored me so now I will organise similar sessions". When we looked at records we saw that people's life histories were recorded and this information was used to plan activities.

We also found at the previous inspection that complaints were not always fully recorded to demonstrate whether people were happy with the outcome. At this inspection we reviewed complaints in line with the provider's procedure. They had received one complaint and it had been investigated, action had been taken and the person who raised the concern was corresponded with throughout. The outcome was recorded as well as the person's satisfaction with it. People and relatives told us that they were confident that any concerns that they raised would be immediately reviewed. One relative said, "I have spoken with staff and the manager in the past; they always respond and do something". The manager told us, "I work some days as the nurse and my deputy provides some of the managerial cover. I do this so that I know what is going on and so that I can build those relationships with people and their families. I want to know straight away if something isn't right because we can always sort it out". This demonstrated to us that the provider managed any complaints within their procedure and was proactive in resolving any concerns.

Staff knew people well and could describe their likes and dislikes as well as their personal preferences. One person said, "They always talk to me about how I want to be supported. They know what I like". We talked to one member of staff about how they supported one person when they were distressed and they said, "Often it is about taking time to spend with them and offering reassurances. They respond well to having a snack and someone to talk to". When we looked at care plans we saw that they were detailed and regularly updated to reflect people's changing needs. Relatives we spoke with told us that they had been included in planning how care should be provided. One said, "We have seen the care plan and we are happy with it".

Good

Is the service well-led?

Our findings

People and their relatives felt that the register manager was approachable and helpful. One person said, "Oh yes I know the manager very well, they are always about". A relative told us, "The manager is accessible and easy to talk to; they put us at ease". We saw that the manager knew people very well and that they had conversations with them regularly. There were meetings for people who lived at the home and for their relatives to share any concerns and feedback. The records for the meetings showed that the manager discussed activities and menus as well as sharing outcomes of audits and reviews and what the provider intended to do to meet any action points.

We saw regular internal audits were completed regularly to drive quality improvement. The manager also described how they had responded to external audits. For example, in response to an infection control audit they had altered the cleaning schedule and the provider had replaced the carpet in the communal area. We saw that there were action plans in place which documented when specific things had been completed or when they were scheduled to be. There were systems in place for the manager to report weekly to the provider and they visited regularly to provide support. This demonstrated to us that there were effective systems in place to monitor and improve the quality of the home.

Staff were supported by the manager and had regular opportunities to review their performance and ask for any assistance required. One member of staff said, "There are several staff who have worked here for a long time but we are still encouraged to continue to develop our skills. We have regular supervisions and set training and development opportunities through them". Another member of staff said, "I could go to the manager and the deputy with anything and I know they would sort it out". They had recently had a team meeting and another member of staff said, "It was good to get together and discuss responsibilities across different shifts so that we can all work more effectively together".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.