Ashmere Care Group

The King William Care Home

Inspection report

Lowes Hill
Ripley
Derbyshire
DE5 3DW

Tel: 01773748841
Website: www.ashmere.co.uk

Date of inspection visit:
16 February 2016
17 February 2016

Date of publication:
06 June 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection visit took place on 16 and 17 February 2016 and the first day was unannounced.

The home is registered to provide accommodation for persons who require nursing or personal care. The service does not provide nursing care. At the time of our inspection there were 26 people living there.

There was a registered manager in post at the time of our inspection, and they were present on the two visits we undertook. 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.

Medicines were not always managed safely. People were satisfied that they received their medicines as prescribed.

People were protected from the risk of harm or abuse. Staff understood how to recognise and respond to concerns. Risks associated with people's care needs were assessed and measures put in place to reduce the likelihood of harm occurring.

There were enough staff to meet people's needs in a timely manner. Staff were knowledgeable about people's needs, and supported people to access healthcare services promptly. People told us staff cared for them in a kind and compassionate way. People were treated in a manner which was dignified and upheld their rights.

The provider had procedures and checks in place to ensure that staff were of good character and fit to work in a care environment. Staff had an induction period at the start of their employment and received ongoing training.

The provider met the principles and legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet, and they told us they enjoyed the variety of meals and snacks offered.

People felt that the care and activities offered were responsive to their needs. People were supported to maintain relationships which were important to them, and staff knew people's individual preferences well.

People were involved in planning and reviewing their care, and felt able to raise concerns or make a complaint. The provider sought people's views about their care and took action to improve the service in response to this.

The provider had systems in place to monitor and review care, but this did not always identify when people's care had not been reviewed recently. The provider's policies and procedures did not always reflect current professional guidance.

People, relatives and staff felt supported to make suggestions to improve care or raise concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always stored securely. People felt safe, and were supported by staff who knew how to keep them from risk of preventable harm. The provider had sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People received care from staff who were knowledgeable about their needs. Staff received ongoing supervision and training to ensure their skills met the requirements of the provider.

Is the service caring?

Good

The service was caring.

People felt the staff supported them in a way that was caring, kind and respected their dignity. People were encouraged to make their own decision about their care and lifestyle choices.

Is the service responsive?

Good

The service was responsive.

People were encouraged to contribute to the planning and reviewing of their care. The provider encouraged a range of activities for people to choose from, and people told us they enjoyed these. The provider had a complaints procedure in place and people felt able to express their views about care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had systems in place to monitor and review care, which identified when people's care had not been reviewed recently, but action was not always taken to review this. The provider's policies and procedures did not always reflect current professional guidance. People, relatives and staff felt able to

contribute to developing the quality of the service.

The King William 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.

The inspection took place on 16 and 17 February 2016 and was unannounced.

The inspection team consisted of two inspectors 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 experience of supporting a relative using adult social care services.

Before our inspection we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events that happen in the service which the provider is required to send us by law. For example, serious injuries or allegations of abuse. We spoke with the local authority care commissioners' team and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. No concerns were raised by them about the care and support people received.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the provider.

During the inspection we spoke with four people who used the service and three relatives. We spoke with four care staff, one of the catering staff, the registered manager and the area manager for the provider. We also received the views of two visiting healthcare professionals. Not all of the people living at the service were able to fully express their views about their care. We spent time observing how people were supported

by staff in a range of activities during the two days of our visit. 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 a range of records related to how the service was managed. This included five people's care records, two staff recruitment and training files, some of the provider's policies, procedures relating to people's care and safety and the service and their recorded checks of the quality and safety of people's care.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. We saw checks relating to the safe management of medicines from January 2016 that showed the medicines trolley had been left unlocked and unattended by a staff member. We spoke with the registered manager about this, and they confirmed that staff should lock the trolley and take the keys with them when giving people medicines. Records showed that the registered manager had spoken with staff about ensuring medicines were always secure. We observed staff giving people their medicines, and saw that staff locked the medicine trolley but did not remove the keys when they left it unattended to give people their medicines. This happened on two separate occasions during our inspection visit. This meant there was a risk that people had access to medicines that were not prescribed for them as medicines were always stored securely. The provider did not have up to date recognised medicines guidance for staff to use relating to the safe management of people's medicines. The provider's policy and guidance was dated September 2011, and the registered manager and area manager confirmed this had not been reviewed since then. Recognised national guidance published by the National Institute for Health and Care Excellence (NICE) for managing people's medicines in care homes was updated in March 2014. This meant that the provider could not be sure that their policy reflected the latest published guidance.

People told us that they were satisfied that they were given the correct medicines at the right time. Relatives also said this, and felt that people were also supported to have their medicines reviewed if there were any issues. For example, one relative said their family member had recently had a medicines review which had resulted in them being given liquid medicines, which were easier for the person to swallow. This reduced the risk of the person missing medicines as they were having difficulty swallowing them. Staff received training in the safe management of medicines, and their competency to do this was regularly reviewed by the registered manager. Staff and records confirmed this to be correct. Staff told us they felt they had sufficient training to be able to manage people's medicines safely. We checked the storage and records in relation to the administration and management of medicines. This showed that there was a system in place to ensure the safe use of medicines. However, we found that this was not always followed by staff as we found that the medicines trolley had been left unlocked on more than one occasion.

People and their relatives told us they felt the home offered a safe environment. One person told us that when staff used a hoist to support them to move, they were, "always gentle." Relatives told us they felt people were supported to be free from the risk of harm, whilst enabling people to undertake activities they wished. One relative spoke with us about an accident their family member had, where they were happy with the way staff had dealt with the accident. Another relative said that their family member did not understand how to use the staff call system in their bedroom at night if they needed assistance. They went on to tell us that a sensor mat was provided on the floor at their bedside to alert staff if the person was getting up as they were at risk of falls. We observed staff support the person to move from a lounge chair to their wheelchair, and this was done safely and patiently. Staff gave the person clear instructions and encouragement. They supported the person verbally and used techniques which followed professional guidance, as recorded in the person's care plans.

Risk assessments relating to people's care were in place. These provided details of how to reduce the risk of avoidable harm and they were reviewed regularly. For example, one person had been identified as being at risk of malnutrition and dehydration. The risk assessment identified that their food and fluid intake should be monitored daily and their weight monitored weekly. Records showed that this was being carried out and the information was then used to update the person's care records. Risk assessments for people's activities were clearly linked to care plans which gave staff information on how to support them. For example, two people had detailed records of how often they needed repositioning. This was to alleviate the pressure on their skin and to help prevent pressure ulcers. Records also included information about what staff needed to do to check the people's skin condition. Daily care evaluation records showed that staff were following this. The provider recorded accident, incidents and near misses. Records showed that these were reviewed regularly by the registered manager to look for patterns or trends. This helped to identify any risks to people's safety and the actions that needed to be taken to mitigate this. People's care plans were then updated if needed. This demonstrated that risks to people's health and wellbeing were identified when their needs changed and steps taken to reduce the likelihood of harm.

Staff understood their responsibilities in the event of any unforeseeable emergency in the home and felt they had the right information, support and training to keep people safe. For example, up to date personal emergency evacuation plans were in place for everyone living at the home. These contained important information about how people needed to be supported in the event of a situation that required their evacuation. For example, in the event of a fire. The provider also had a contingency plan in place to ensure people continued to receive support in the event of an emergency or untoward incident. This meant people would continue to receive the care they needed in the event of an unforeseen emergency in the home.

People and relatives felt there were enough staff to provide people's care at all times. Two people told us that staff responded quickly to their requests for support. One relative commented that when people were being supported with their morning care, "Another pair of hands would help." Staff told us they felt that they had enough staff to ensure that people received care when they needed. One staff member commented, "We help out accordingly and do what needs doing." They explained staff did extra shifts when necessary to ensure that people received the care and support they needed. Two staff members told us that they and their colleagues were always happy to come in to cover if staff were off sick or on leave, and we saw evidence of this on our visit. During the inspection visit, we saw that staff responded promptly to people. We saw that the registered manager had changed the night staff shift times so that they increased the number of staff available during the busy early morning period. The provider used a dependency assessment tool to assist in planning numbers of staff needed. We observed that there were enough staff to support people safely and in a timely way.

Staff employment and recruitment procedures included checking references and carrying out disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is suitable to work with vulnerable people. This helped to ensure that prospective employees were suitable to work at the home. The provider had procedures in place to identify when staff were not providing care to a standard expected, and took steps to address this. For example, one staff member made a medicines error on 26 January 2015 and undertook training to refresh their skills. This meant people and their relatives could be reassured that staff were of good character and remained fit to carry out their work.

Good

Is the service effective?

Our findings

People were supported to maintain and improve their health, and to attend health and social care appointments when they needed to. People told us that they were supported to have regular healthcare appointments. For example, one person said, "You can see a doctor at any time, a GP will come quickly." A visiting healthcare professional told us that staff called them promptly if they were concerned about people's health, and they had confidence that staff provided care that was based on recognised practice and professional guidance.

Staff we spoke with were knowledgeable about people's health conditions and how to support them. Records we looked at confirmed this. For example, one person's care plans showed that they needed specific support to maintain the condition of their skin. A visiting healthcare professional said that staff followed their guidance and recorded care given in detail, so they knew their instructions were being followed. The person's care plan showed that staff were following the guidance to ensure the risk of their skin breakdown was minimised. This showed people were supported to access external health professionals and staff followed their instructions for people's care in a timely manner.

Staff told us that they had regular meetings with the registered manager to discuss their performance and to identify their training needs. Records showed the provider clearly set out what they expected from staff if there were issues with their skills, and they took action to manage this. Staff undertook regular training to refresh and develop their skills, covering topics like safeguarding, moving and handling safely, infection prevention and control, and safe medicines management. Staff also had regular checks of their skills by the registered manager. This demonstrated that staff were supported to develop the skills the provider felt necessary to support people.

All staff had a probationary period before being employed permanently and they undertook an induction period of training that the provider felt essential. The Care Certificate is a set of common care standards introduced in April 2015, which social care and health support workers should follow in their daily working life. We found that staff who started working in the home after April 2015 had completed the Care Certificate as part of their induction training. Staff told us, and records showed, that they shadowed experienced colleagues so they could learn and develop their care skills. This helped them to understand people's care needs and their personal preferences for support.

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 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.

People were assessed in relation to their capacity to make decisions about their care. Where they were able to make their own decisions, their care plans clearly recorded this. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA and ensured that best interest decisions were made lawfully. Capacity assessments and best interest decisions were reviewed regularly. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately.

Staff members' knowledge about the practical application of the principles of the MCA was variable, with some staff more confident and knowledgeable than others. However, we did not find any evidence to demonstrate that this had an impact on people's care. We spoke with the registered manager and area manager about this, and they agreed with this.

People were supported to maintain a balanced diet. They told us that the food was good and they were given choices. One person said they preferred to eat breakfast in their room and staff supported them to do this. One person said, "The food is wonderful – I can't fault it." One relative commented, "[Person] loves the food." People and their relatives said that they were regularly offered drinks and snacks throughout the day and we saw that this was the case. There was a small kitchen provided for people and their relatives to use to make hot and cold drinks when they wished, and we saw this in use during our visit. We discreetly observed lunch on the first day of our visit. Two people were offered support to eat by staff in a kind and patient way. People were offered regular drinks, and when two people had issues with their meals, staff responded quickly to resolve this and offered alternatives. Staff were familiar with people's food and drink preferences. This included people who required specialised diets, for example, people who required vegetarian diets and people who required different consistencies of food such as smooth food for people with issues swallowing. We saw people were given food they had chosen that was suitable for their needs. This demonstrated that staff were knowledgeable about people's dietary requirements and people were supported appropriately with them.

Good

Is the service caring?

Our findings

People felt supported by staff who cared for them well. One person said, "I'm very well cared for, the staff are so caring." Another person said, "Nothing is too much for them [staff]." People also commented on how staff supported them with personal care in a respectful and dignified manner. Relatives felt that staff were kind and caring. One relative said, "They absolutely adore [person's name] – they can't do enough." Another relative commented, "Staff are always very good. They're kind to all the residents." Relatives and friends were able to visit at any time to suit the person, and relatives told us that they were always made to feel welcome by staff.

Staff we spoke with were knowledgeable about people's personal preferences, lifestyle choices, life histories and relationships. This meant they were able to engage people in meaningful conversations and we saw frequent friendly engagement between people and staff. For example, during the mobile zoo activity that was being carried out, we saw staff encouraging people to share memories of their childhood pets. This prompted conversations between people, and we overheard two people talking together about a place they were both familiar with. People and staff shared stories and jokes about their pets, and we saw people laughing and smiling.

People were involved in their day to day care. They had choices about when they got up and went to bed, what they wanted to wear, where and what they had to eat and choices about their meals, and what they wanted to do. For example, we saw people being offered an alternative activity if the main planned activity that was taking place was not to their liking.

Some people needed time to express themselves clearly, and we saw staff gave them time and encouragement to communicate their views and wishes. For example, one person could not recall what they had ordered for lunch, and they became upset. Staff gave them time and spoke in a reassuring manner, which enabled the person to become calm and recall their meal choice. Staff were knowledgeable about people's different communication styles, and supported them to communicate in ways which worked for them. For example, one person was hard of hearing and staff supported communication about meal choices using cards with pictures and a clear written description of the food.

The service was taking part in the local authority's Dignity Award campaign. We saw throughout our inspection visit that staff supported people in a warm, friendly, and patient manner.

Staff knew how to refer people to advocacy services for support, although at the time of our inspection visit, we were not aware of anyone currently using an advocacy service. Information was available around the home about local advocacy services that could support people in speaking up about their care. This meant that people could be supported by independent advocates to participate in planning and reviewing their care, or in raising concerns.

We saw staff respected people's privacy. Staff knocked on people's doors and announced themselves before entering. Staff spoke with people in kind and respectful ways, and asked their permission before performing

care tasks.

Staff understood the need to maintain confidentiality, and we saw staff ensured that conversations about people's care took place where others would not overhear. We saw that records about people's care were stored securely.

Good

Is the service responsive?

Our findings

People said there were lots of social and recreational activities organised for them to participate in which they enjoyed. Two people told us about a recent tea dance activity, which staff had organised for Valentine's Day that they had liked. Relatives and staff confirmed that many people had chosen to participate in this, and the provider's newsletter supported this. Another person told us that they were supported to practice their faith, which was important to them. One relative said, "It's a rare week without something organised." Another relative said she had been at the home recently for an activity, stating, "Everyone joined in – it [the atmosphere] was buzzing."

People were supported with their hobbies, for example, one person showed us teddy bears they had made. Information was available around the home about the activities planned for the next three months, and we saw a letter had been sent to relatives about this so they were aware of the activities taking place and given the opportunity to join in. We saw a "mini zoo" activity taking place, and people and their relatives were encouraged to join in. Everyone we saw was smiling and talking about the different animals that were showed to them. People were supported to touch the animals if they felt comfortable with this.

Staff were knowledgeable about people's individual preferences for their daily living arrangements. One staff member described how they would talk with people as part of the monthly review of care. Another staff member described how they supported a person to carry out domestic activities, as this was what the person wanted to do. People's care plans contained detailed information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, there was evidence that staff asked family members to provide information that they felt was important about people's lifestyle choices. The provider was in the process of moving to a new system of recording care, and we could see where this reminded staff to record people's views and preferences about their care. This showed us the provider was taking steps to ensure that people's views and preferences were sought when planning their care.

People and relatives told us they felt confident to raise concerns, and knew how to make a complaint. For example, a relative had expressed concerns about a person's care, and received an apology. The registered manager investigated the concerns and took action in a timely manner to ensure that the person's care was improved. A visiting healthcare professional said that whenever they raised issues with staff about care, their concern were always dealt with promptly and appropriately. Staff were familiar with the provider's complaints policy, which was displayed in the home. We saw that complaints were managed and resolved in accordance with the provider's policy.

The provider held regular meetings for people and their families to enable them to share their views about the home. The provider also did regular surveys asking people, relatives and visiting professionals for their views about the service. We saw that the provider analysed the feedback and produced evidence showing what the survey said and what action was taken to improve the service. For example, in November 2015, people and relatives commented that the main lounge was in need of redecoration.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service who carried out regular audits to identify where care needed to be improved. We saw that where monthly audits identified that people's care needs were not being reviewed regularly the registered manager had taken appropriate action. For example, the audit carried out in January 2015 had identified that ten care plans had not been reviewed and updated that month. The registered manager arranged a meeting with relevant staff to ensure that this was done. However, we also saw two people's records had been reviewed monthly until November 2015 and December 2015 respectively, but there was no further record of review after this, and the monthly audits had not identified this issue. We spoke with the registered manager about this, and they confirmed that people's care needs should be reviewed monthly. They assured us they would ask staff to make sure this was done, and would follow this up in their monthly audits. This meant the provider's system for monitoring did not always identify where care needed to be improved.

The provider had a wide range of policies and procedures for staff to follow when they provided care. However, we found that some policies had not been reviewed since September 2012 and did not reflect current best practice. This included policies on consent to care, infection prevention and control, diabetes care and pressure ulcer prevention and wound care. This meant there was a risk that staff did not have access to the most up to date professional guidance on aspects of care.

There were systems in place to monitor and review all aspects of the running of the home. This included essential monitoring, maintenance and upgrading of the facilities. We saw that where concerns had been identified the provider has taken to improve the service. For example, the provider had upgraded the fire detection and alarm system recently in response to feedback from Derbyshire Fire and Rescue Service. On the first day of our inspection visit, we saw that the provider had arranged for routine testing of equipment used by people at the service such as hoists and slings. We spoke with the visiting professional who was doing this, and they said that they visited regularly to ensure that equipment was tested in accordance with relevant legislation and guidance. The records we looked at confirmed that this was happening.

People, relatives and staff felt able to make suggestions to improve the service, and raise concerns if necessary. The provider also regularly sought people and relatives' views about the service, responded to comments and complaints, and investigated where care had been below the standards expected.

People and relatives knew who the registered manager was and were confident in their ability to manage the service well. Staff felt supported by the registered manager and felt they would be listened to if they raised issues. One staff member said, "[Registered manager] is supportive on personal issues, and will listen to me when I notice [people's] deterioration and advise [me]." The registered manager was clear about their responsibilities and felt supported by the provider to deliver good care to people. They attended regular meetings at a care homes forum to increase their own knowledge and skills to improve the quality of the service. They appropriately notified the Care Quality Commission of any significant events as required. This demonstrated the provider promoted an open service with visible management.

The provider was in the process of redecorating the home when we visited, and we saw evidence of work that had been carried out in communal areas and people's bedrooms. Staff told us and we saw the main lounge had been recently decorated and had new furniture. Records showed that people and relatives had made comments about the environment and décor. For example, comments had been made that the main lounge needed redecorating. We saw evidence of the provider's plan for the refurbishment and for ongoing maintenance of the building. The provider had ongoing plans to improve the care environment, and responded to comments made by people and their relatives.