Ashdene Sleaford Limited

Ashdene 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

About the service:

The service provides accommodation and personal care for up to 41 older adults and people living with dementia. There were 37 people living in the service on the day of our inspection.

People's experience of using this service:

Systems were in place to ensure the safety of people being supported. Risks to people were assessed and managed. Medicines were well managed, procedures, systems and checks were in place to support safe administration. Accidents and incidents were recorded, and measures were taken to improve and learn.

People's needs were thoroughly assessed, and desired outcomes were met. The food was of good quality, the cook had good systems in place to ensure that people ate and drank what they wanted and liked. Fresh fruit and snacks were available. Staff received training they needed to do their job well and were supported by managers in their roles. People's consent to care was sought and the principals of the Mental Capacity Act were being met.

Staff and managers were kind and caring. The values of the organisation placed an emphasis on the home being a 'home' for people. Staff described a working environment that represented family values. Staff interactions with people living in the home was attentive and kind. People were given the opportunity to express their views regularly and were involved in their own care. Privacy and dignity were maintained to a high standard.

People were receiving care that was responsive to their needs. Care planning captured peoples wishes and care was delivered by staff who understood the needs of the people they were supporting. Care records were person centred and contained good detail about people, their likes and dislikes and what is important to them. People know how to complain and raise concerns and were listened to.

The registered provider had a genuine desire and passion to provide good quality care to people living in the home. Leadership was strong, visible and accessible. Processes were in place to ensure that the delivery of care was monitored and checked regularly. Governance systems identified areas for improvement and plans were developed and actioned.
The manager and the team have built good working partnerships with other health and social care professionals and have built strong links in the community.

The service met the characteristics of Good in all areas that we inspected. More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement and was published on 10 October 2017.

Why we inspected:

This was a scheduled inspection based on 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Ashdene Care Home

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:

This inspection was carried out by one 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.

Service and service type:

Ashdene Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care to up to 41 older adults and people living with dementia.

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. The Inspection was completed on 25 March and 26 March 2019.

What we did:

Prior to the inspection we reviewed information we had received about the service, this included details about incidents the provider must notify us about. We sought feedback from the local authority, the local

safeguarding authority and other professionals who work with the service. We used this information to plan our inspection.

During the inspection we spoke with eight people and one relative. We also spoke with four care staff, the cook, the activities coordinator, the deputy manager, the registered manager and the nominated individual. We reviewed records related to the care of six people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, and four staff files. We also looked at documentation related to the safety and suitability of the service. We spent time observing interactions between staff and people within the communal areas of the home.

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 were kept safe from abuse. The registered provider had a policy which described how to keep people safe and report concerns, which staff were aware of.
• Staff we spoke with were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently. One staff member told us, "Yes I've recently done the on-line training about a month ago. I've done lots of training about safeguarding."
• The registered manager had provided additional specialised training to two staff so that they could act as safeguarding ambassadors in the home. The role of the safeguarding ambassador is to provide practical advice and support to the rest of the team regarding matters related to safeguarding.
• Staff were clear about their responsibilities for reporting safeguarding concerns. A staff member told us, "I'd report all abuse, such as physical or emotional. I'd go to the registered manager, the deputy manager or the owner. If they didn't do anything about it, I'd go to the local authority safeguarding team or to the CQC."

Assessing risk, safety monitoring and management:

• People were supported to minimise risk and keep safe. Risks related to people's care and support were recorded within their care records and reviewed regularly. People were supported to reduce risks associated with choking, moving and handling, falls and medicines. Risk assessments included guidance provided by health and social care professionals.
• People were protected from environmental hazards and risk. Safety checks were done regularly to ensure that utilities such as gas, water and electricity were safe for people to use.
• Systems and processes were in place to ensure that people could be evacuated safely in the event of a fire. Regular safety checks were done to make sure that fire safety equipment was in good working order and practice drills were done to make sure people could evacuate safely.

Staffing and recruitment:

• People benefited from plentiful staffing levels at the home. During the inspection we saw people's needs being met promptly. People told us that their needs were met. One person told us, "Yes, staff always look in on me and they knock on the door".
• Records of staff rosters confirmed that staffing levels at the home were consistently sufficient. Staff we spoke with confirmed this. One staff member told us, "Yes there are always enough staff, sometimes staff phone in poorly, but we have some bank staff and staff pick up extra shifts. We never use agency staff".
• The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and

Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely:

• People told us that they were happy with the way they were supported with their medicines, one person said, "Oh yes, there are no issues with medicines."
• People received their prescribed medicines safely. The registered provider had a policy relating to the administration of medicines which reflected current legislation and guidance and was reviewed regularly.
• Peoples care plans and risk assessments described the support they needed to ensure that medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure that staff were aware of how and when to administer these.
• Training records confirmed that staff were trained to administer medicines and were observed annually to ensure that they were competent.
• Some people required their medicines to be administered covertly. Records showed that the administration protocols had been authorised by the GP, the pharmacy and the persons family. Where people lacked the capacity to consent, best interest's meetings had taken place.
• Medicines were stored safely and securely and at the correct temperatures.
• Controlled drugs were kept securely and were recorded according to current legislation and guidance.
• The registered provider had a process for checking administration records regularly to ensure that staff were administering peoples' medicines correctly.

Preventing and controlling infection:

• Staff were provided with infection control training and knew how to reduce the spread of infection. A staff member told us, "We do it [Infection control training] in our induction and then get refreshed online, the manager is really fanatical about hand washing and spot checks us regularly to make sure we are washing our hands thoroughly."
• The home appeared clean and had a pleasant odour.
• Designated sluice rooms were available to ensure the safe and hygienic disposal of waste.
• Systems were in place to ensure that soiled clothing and bedding were washed separately.
• During the inspection we saw that there was a plentiful supply of single use gloves and aprons for the staff to use.

Learning lessons when things go wrong:

• Accidents and incidents were reported and recorded. The registered manager described how data from incidents was used to inform action plans and to ensure that risks were reduced, and improvements made.

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.

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

At our last inspection published on 10 October 2017, there was a breach of Regulation 11 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. This was because we found evidence that the provider had failed to put in place assessments where people were unable to provide their consent for care and treatment decisions. The key question was therefore rated "requires improvement". After our inspection we requested the registered provider sent us a plan to tell us about the actions they would be undertaking to improve. At this inspection, we found the service had taken steps to ensure that where people were unable to provide their consent, appropriate assessments had been carried out to ensure decisions were in the persons best interests.

• 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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were working in line with principles of the MCA.
• Staff understood that people should be involved in decisions about their care, they knew what they needed to do to make sure decisions were made in people's best interests. They understood about consent and how they would work to support people in line with their choices. One staff member said, "It's about if the person has capacity to make choices for themselves and depends on the scenario, and their level of understanding. If they lack capacity, then you hold a best interest meeting and the family are involved".
• Records showed that mental capacity assessments had been undertaken to establish what support people required with decision making. We saw best interest meetings held when people were deemed to lack capacity to make particular decisions involved appropriate health professionals and family to ensure any decisions made with the least restrictive options and in the person's best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

• The registered manager told us that people's needs were assessed before agreeing to move into the home, care records confirmed this.

• Assessments of people's needs were very detailed and contained important information about people's health needs and diagnosed conditions, which formed the basis of care plans and associated risk assessments.
• Peoples preferences and wishes were reflected accurately and where people could, they provided written consent for care to be delivered in the way that they had chosen.

Staff support: induction, training, skills and experience:

• Staff were provided with the training they required to do their job well. New staff were provided with a comprehensive induction and were expected to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The registered manager told us, "All staff do the full care certificate, they complete four units on the first day which includes manual handling. They do shadow shifts and then work as a double (in pairs) until they feel confident and the other staff feel confident".
• The registered manager had provided additional training to senior care staff regarding safeguarding and swallowing, oral health and nutrition so that they could act as ambassadors and share their skills and knowledge with the wider team. Staff we spoke with told us that they had been supported by the registered provider to undertake a nationally recognised qualification in social care.
• Staff told us that they were happy with the registered providers approach to learning and development but told us that they would like to learn more about more specialised subjects. One staff member told us, [The registered manager] is really hot with training, if it needs to be done they get it booked. I would like to know more about what we can do regarding challenging behaviour, it would be really beneficial". We raised this with the registered manager during the inspection visit. Following our visit, the registered manager confirmed to us that they had booked training sessions for the team relating to positive behaviour and end of life care".

Supporting people to eat and drink enough to maintain a balanced diet:

• The home had two separate dining areas, one for people on the first floor and one on the ground floor. We observed people being supported to eat and drink during lunch time. People in the ground floor dining area were assisted to sit where they wanted, the tables were set with cutlery and people were offered drinks when seated. People were offered the choice of two main courses and a dessert and offered support and gentle encouragement to enjoy their meal. Staff were kind and attentive. In the first-floor dining area we observed that support provided to people was not as consistently positive. We observed lunchtime to be less organised, which led to some people being without cutlery and not attended to promptly. The registered manager welcomed our feedback and implemented measures to improve the experience in the first-floor dining area. On our second day of inspection we found that improvements had been made.
• Kitchen staff demonstrated a good knowledge of people's dietary requirements and allergies, we were shown records which included important information about people who were at risk of choking and what texture they require their food to ensure that they can swallow it safely. The folder also included information about people who had dietary needs due to having diabetes.
• The kitchen area was clean and tidy. Kitchen staff confirmed that they had a regular cleaning schedule and showed us records of regular temperature checks for the refrigerator.
People's preferences were recognised, and they were given the opportunity to eat alternative meals that were not on the menu. The cook told us, "People can change their minds and ask for something different if they want, if we have it and it's available we will always try and accommodate it". People we spoke with confirmed this, one person said, "They'll make sandwiches for you, it's very easy living here. You can ask them for a drink, you can ask for a second cup of tea."
• People were able to ask for snacks throughout the day and fresh fruit and drinks were available for people.

• The registered manager had adopted some innovative ways to ensure that people were eating fresh fruit. During the inspection visit on the first day we observed 'milkshake Monday' where people were encouraged to participate in making fruit-based milkshakes to enjoy. We were also told about 'fruity Friday' where more unusual and exotic fruit options were made available to people to motivate and encourage a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

• People told us they were happy with the way they were supported with their health needs. A person told us, "The doctor comes here, they're very nice. The dentist comes and checks [our teeth] but mine's false." Another person said, "The doctor comes on a Tuesday."
• Care records included information about people's health needs and how they should be supported. Where necessary people were referred to health professionals based on their individual needs. The registered manager confirmed this, they told us, "We link with a range of health professionals, including the GP, the district nurses, the community psychiatric nurses, the opticians, the reflexologist. We also support people to go to the dentist as sometimes they are reluctant to come out to the home to visit people."

Adapting service, design, decoration to meet people's needs:

• The accommodation was configured to incorporate 21 people living on the ground floor and 20 people living on the first floor. Each floor benefited from having a designated dining area and communal lounge. A lift was available for people who wanted to move between the floors. People could choose how they wanted their room decorated and were encouraged to adorn their rooms with personal memorabilia.
• Corridors in the home were decorated to reflect people's interests. For example, many people living in the home had previously enjoyed British seaside holidays with family, one corridor was decorated to reflect a seaside theme with photographs of young children enjoying ice cream and seafront stalls selling confectionary. The registered managers previous occupation was as a professional photographer, they told us how many of the photos on display had been taken during this time and how people living in the home often referred to the photographs as topical discussion points to encourage them to reminisce.

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; respecting equality and diversity:

• People were cared for by staff who understood them and respected their choices. People were positive about the staff. One person said, "Yes, they do everything for you. They help pulling the wheelchair about, it's things like that you appreciate." Another person said, "They've got a lot of work on, they're a hard-working lot."
• Staff had a good awareness of how people enjoyed spending their time, they knew about people's preferences and life history. We saw interactions between staff and people living at the home were kind and thoughtful. Some staff had been employed by the home for a considerable time and had got to know the people they supported well.
• Without exception staff said that they would be happy for one of their relatives to live at the home, we were informed that some staff had relatives who had previously done so. One member of staff told us, "Yes, I would [The registered manager] brought her Mum in to live here for a little while, it feels like a family, the residents look at us like we are part of their family. It's so lovely".

Supporting people to express their views and be involved in making decisions about their care:

• Peoples preferences and views were reflected in their care plans. People were encouraged to participate in developing their care plans and where appropriate they had signed their plans to confirm that they had given consent for their care to be delivered in the way that they and the registered provider had agreed.
• People's care plans were reviewed regularly to ensure that they reflected their current care needs. The registered manager told us, "Reviews [of care plans] are done as a team so that a wider range of people can input based on what we know people like and don't like. We spend so much time with residents that it is possible that the family does not always know people's preferences as much as we do. The staff get to know them really well, so we consult them about the person's needs".
• The registered provider utilised several methods to obtain the views of people living at the home, their relatives and other professionals involved in their care. Regular meetings for residents and family were facilitated, quality assurance surveys were sent out and a comments and feedback book were available in the reception area for visitors and relatives to use. During the inspection visit we saw more than 30 separate compliments from relatives and visiting professionals. In one compliment a relative wrote, "All the members of staff that I encounter on my visits are outstanding. They demonstrate skill to enable them [residents] to 'exist' in each of the 'worlds' created by the residents; often several at once too. I have observed their determination to use any method of persuasion needed to guide someone to make a safe decision without actually saying 'No'. They show affection for the residents and accept everyone for who they are now with no pressure to conform".

• Where people were unable to make decisions independently, the registered provider had arranged for a local advocate to visit people and provide them with impartial advice and support.

Respecting and promoting people's privacy, dignity and independence:

• People were supported by staff who were respectful and demonstrated a good awareness of how to maintain people's privacy and dignity. One staff member said, "If you're helping someone with personal care you make sure doors are closed and always ask for permission before doing any care. Respecting people is about talking to them and laughing with them and not laughing at them. Just treating them with the respect that they deserve. It's always instilled here that you respect people. If they come to you and they want to go somewhere I will stop what I am doing and go for a walk in the garden with them".
• Staff understood the principals of confidentiality, a staff member told us, "If you fill anything out in a book or a form, you keep it safe and out of the way so that others can't see it. If you have conversations keep them out of earshot of others."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• People benefited from having care plans that were personalised and reflected their needs accurately. Each person had developed a 'My Life Story' document which described the person's life before moving into care. The information provided a rich insight into the person's life including who and what was important to them. This information provided the staff with a good foundation on which they could build a meaningful relationship with people and get to know them well.
• Staff understood their responsibility to ensure that peoples care plans reflected their needs and wishes, one staff member told us, "Because I am a team leader, I have my own care plans to go through and update. The staff always get to read them before we start working with anyone. [The registered manager and deputy manager] do the pre- admission forms before the person comes to live here so you need to read that before developing the care plan. [The activities coordinator] does the social stuff, likes and dislikes etc. We do get a lot of information about the person and we do talk to them a lot".
• People were supported to take part in a wide range of activities and excursions. People told us that they enjoyed participating in social events at the home, one person told us that they had recently been to visit the local 'Bomber Command Centre' We noted that the registered provider had made several valuable connections within the local community which had been reported on by the local press. Recent newspaper clippings showed how children from a local nursery school had regularly visited the home to engage in activities with the people living at the home. Referring to a newspaper article the registered manager stated, "It is amazing how the older residents come alive. The children's energy rubs off and livens up the whole home. The people are happier and more animated and some join in activities when they would not normally".
• Peoples religious and cultural beliefs were catered for. The registered provider arranged monthly visits from the local churches, who held services for people either as a group or on an individual basis.

• The registered provider had fostered good working relationships with local nurseries, schools, brownie group, the national citizens service and a local equine centre so that people living at the home would benefit from a wider range of experiences. For example, a local school choir visited the home to entertain people with a selection of wartime songs and presented handmade wreaths to people living in the home who had previously served in the armed forces. One person who previously worked with horses was supported to visit the equine centre to groom the horses. Young people from the national citizens service volunteered themselves to improve the garden at the home and fundraised, planned and designed the improvements themselves.
• The registered provider and the staff team were enthusiastic about putting on events for people. We also saw evidence of a recent 'family fun day' where one person living at the home took part in a sponsored beard shave to raise money for charity. We also saw evidence of themed events such as an American fifties

themed day where staff and people dressed in fashions from the time and sang songs from the musical 'Grease'. We also noted that the registered provider had enlisted volunteer help from 'happy helpers' who were people who previously had relatives living at the home and could provide additional support to people by engaging in activities or by simply spending time with and talking to people.

Improving care quality in response to complaints or concerns:

• The registered provider had received one formal complaint during the previous 12 months. The registered manager told us that the reason for such low levels of complaints was that they had a philosophy of ensuring that issues were acted upon quickly and without delay.
• People knew how to complain and who to complain to if they had a problem. One person told us, "No big things, just little things, staff sort it out more or less."

End of life care and support:

• People were supported by staff who were kind and compassionate and who understood what good end of life care looked like. In a compliment sent to the registered provider from a relative, it was quoted, "What a wonderful place! You looked after [my relative] in their final weeks and the staff were so kind and compassionate. We couldn't have asked for a better experience, [my relative] was happy, well looked after, respected and loved. Ashdene has a lovely caring feel. Thank you all."
• The registered provider worked alongside district nurses and specialist nurses so that people living in the home received end of life care that was tailored to meet their needs.

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.

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

• Evidence we saw confirmed that the registered provider had improved since the last inspection published on 10 October 2017. At our last inspection we had some concerns about systems to support the safe administration of medicines, acting in accordance with the mental capacity act. Governance systems at the time were not effective enough to identify shortfalls. In contrast we found at this inspection that the registered manager had consistently addressed these issues and was focussed toward continual improvement which had resulted in better outcomes for people. We noted that the registered manager had actively sought to find best practice examples from networking with other social care professionals and other providers of care in the area and had used this to develop the home and improve the quality of care for people.
• The registered provider had systems and processes to ensure that audits and checks were used to improve the quality of care. The registered manager was completing regular focused audits in areas such as medicines, pressure care, falls, catheter care, people's weights, accidents/incidents, care plans, kitchen area, activities and hoist checks. The data collected from the audits was used to form an action plan which was used to ensure that shortfalls and issues are identified and addressed quickly and thoroughly.

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

• The registered manager demonstrated enthusiasm for making sure people were at the centre of their care. Discussions with the registered manager demonstrated they had an excellent knowledge of the people in their care and worked hard to ensure their needs were well managed.
• The registered persons had adopted an ethos of openness. One relative we spoke with told us the registered manager kept them up to date with different aspects of their relative's care and considered the registered manager open and honest.
• Our previous inspection ratings were displayed prominently on a notice board in the reception area of the home and on the provider's website.
• The registered provider clearly understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.

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

• The registered manager had developed a good morale and created a positive working environment for the staff team, which staff consistently confirmed. One staff member told us, "It [morale] is really good, not everyone agrees all of the time, but that's a good thing too. We are all professional and do our best."
• Staff we spoke with spoke about their managers with high regard, one staff member said, "They are probably the most approachable managers I have ever had." Another staff member told us, "You always get thanks and praise, if you need and ask for help it gets done, anything you take forward gets done in a reasonable amount of time."
• The registered provider demonstrated a thorough approach toward seeking the views of people using the service. Information provided by residents at their meetings and from quality assurance surveys was used to inform future planning at the home. We saw evidence that suggestions and ideas for the home were discussed openly in meetings and improvements were subsequently made.
• The registered manager had developed good working relationships with a range of health and social care professionals such as district nurses, GP's, community psychiatric nurses, social workers, opticians and the local dentist. Feedback we requested from social care professionals before the inspection was positive.
• We noted that the provider had developed strong links within the community, we saw substantial evidence of partnership working with the local nurseries, schools and the national citizen service. Partnership working in this way had created good relationships between people living in the home and the wider community.
• We saw evidence that the home had been nominated for several local care awards during the previous 12 months and had been successful in achieving accolades for 'carer of the year' and 'care home of the year'. Staff we spoke with during the inspection told us that they were proud of this.