

Senex Limited

Ashleigh House

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:

Ashleigh House is registered to provide accommodation and personal care for up to a maximum of 13 people some of who may be living with dementia. At the time of our inspection there were 13 people living at the home.

People's experience of using this service:

The provider had systems in place to respond to any identified risks to people. This included appropriate fire safety training. Staff members were aware of the necessary action they should take in the event of an emergency. In addition, the provider had assessed risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the risk of harm to people.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. Staff members followed effective infection prevention and control procedures.

People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors should they occur. The provider completed regular checks to ensure that people were receiving the right medicine at the right time and people's medicines were stored correctly.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of those living at Ashleigh House.

People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding food and drink. The environment where people lived was well maintained and suited their individual needs and preferences.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. People were supported to retain their independence.

People participated in a range of activities that met their individual choices and preferences and found interesting and stimulating. People were provided with information in a way that they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration. The provider had effective systems to monitor

the quality of the service they provided and to drive improvements where needed. The provider, and management team, had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection:

Requires Improvement for the key questions 'Safe,' 'Effective' and 'Well-led' (date last report published 21 July 2017). At that inspection we found the provider needed to improve their staff members knowledge regarding fire safety and the provider needed to make improvements to how they identified and mitigated risks to people. Staff members knowledge of the mental capacity act and the deprivation of liberty safeguards needed to be improved. The provider needed to improve how they monitored the quality of support they provided to ensure people received 'Good' care. At this inspection we found they had made these improvements and therefore rated Ashleigh House 'Good' in all key questions.

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Requires Improvement.' At this inspection we found the service had improved.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

Ashleigh House

Detailed findings

Background to this inspection

The 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 checked 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.

Ashleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection a registered manager was in post and present throughout the inspection. 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.

Inspection team:

One inspector carried out this inspection.

Notice of inspection:

This inspection took place on 20 February 2019 and was unannounced.

What we did:

Before our inspection visit, the provider 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with three people living at Ashleigh House and two relatives. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us. In addition, we spoke with the registered manager, deputy manager, two care workers and the housekeeper. We also spoke with one visiting healthcare professional.

We reviewed a range of records. This included three people's care and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

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

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

At our last inspection (published 21 July 2017) we identified concerns regarding staff members awareness of effective fire safety procedures and how risks to people were identified and mitigated. At this inspection we found that improvements had been made and therefore rated this key question 'Good'.

Systems and processes to safeguard people from the risk of abuse

- The environment and equipment was safe and well maintained. People had personal emergency evacuation plans in place which contained details on how to safely support them at such times. One person told us they had completed a practice evacuation so they knew what to do in the event of a fire. They went on to say, "It was all very exciting."
- Staff members had received specific training on fire safety and knew what to do in the event of an emergency to keep people safe.
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns.
- One person told us, "I am just fine living here. I am cared for and they (staff) make sure I have everything I want."
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff took to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events. For example, following changes to one person's health a specific piece of equipment was no longer required to keep them safe. This was removed and the assessments of risk revised. Staff members could tell us why the changes had been made and what they were doing to ensure the person remained safe.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to the fire prevention systems and any trips and hazards. At this inspection we saw the registered manager identify a bin which had a broken lid. This was then replaced immediately.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.

Staffing and recruitment.

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance. One person said, "I can't fault it. Someone is always around day or night. I find it quite reassuring."
- The provider followed safe recruitment processes when employing new staff members. The provider had

systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- One person told us, "I have my tablets and creams when I need them. I am always asked my permission before I take them. They even ask me where I would like cream applied today as this does change from day to day." Medicines were accurately recorded.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. We saw people were asked if they required this medicine and if they declined they understood that this would be available when they did and in accordance with the set guidelines.
- Medicines were safely stored in accordance with the recommended storage instructions.
- The provider completed regular quality checks to ensure people received the right medicine at the right time and the stocks of people's medicines were accurate and stored correctly.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses which followed recognised best practice.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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.

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

At our last inspection (published 21 July 2017) we identified concerns regarding staff members awareness of The Mental Capacity Act 2005 (MCA). At this inspection we found that improvements had been made and therefore rated this key question 'Good'.

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

- All the staff members we spoke with had a clear understand of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications. Staff members told us about these applications. Those which had been approved and those which were still awaiting approval. This demonstrated to us that staff members understood the legislation that informed their work with people.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One relative told us they were involved in the completion of their family members care and support plan. They said, "Before [relative's name] arrived we went through everything about them with [registered manager's name]. I think this was to make sure they were able to appropriately support them. However, this was all recorded and is now their care plan. I think it has everything in it they (staff) need to know." The care and support plan contained accurately scored clinical assessments for people's identified needs. For example, risk associated with diet and hydration and skin condition.

- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. One staff member said, "One of the reasons I think staff stay here for so long is that this place is very supportive. You can go to [registered manager's name] when every you need. Also, everyone single staff member is caring and supportive to everyone. It's just nice being here."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness. At this inspection we saw staff members completing their first aid training.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Following the completion of their initial training, new staff members met with a senior staff member to discuss their progress and to see if any additional training or support was required. Staff members we spoke with found this process supportive.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being.
- When it was identified that people needed additional support with their eating and drinking a specialist assessment was requested. The outcomes of these assessments were then included in people's care and support plans for staff members to follow. We saw staff members supporting people in accordance with professional guidance and where necessary specialist adapted crockery and cutlery was provided. When people needed nutritional supplements, or fortified foods, we saw that these were provided.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective, and efficient, communication systems in place to share appropriate and relevant information with those involved in the continued care and support of people living at Ashleigh House. We saw staff members sharing appropriate information with visiting healthcare professionals to ensure the correct treatment was provided. In addition, we saw staff members provided accurate and up to date information to assist in one person's hospital appointment so that an assessment of their health care needs could be completed.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services when they needed it. This included foot health, GP and dentists. One visiting healthcare professional told us, "I do have a lot of faith in the staff here. If I suggest something I have the reassurance that it will be completed. They (staff) never make unnecessary referrals and have the skills to look after people well." The provider referred people for healthcare assessments promptly if required.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.

- People had personalised their own rooms and their own door. This was to help them orientate themselves and assisted them in retaining their independence when moving around their own home.

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.

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

Ensuring people are well treated and supported.

- People told us, and we saw, they were treated with care by a compassionate and respectful staff team. One person told us "They (staff) are all my angels. Everyone single one of them is lovely." One relative told us, "they (staff) are the best around. I have a lot of trust in them."
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them. We saw staff members had the time and opportunity to spend time with people chatting about things they knew interested them. One staff member told us, "This is the bit I like about care. Having the time to spend with people. I know it is a little cheesy to say this but we are a big happy family here."
- All staff members, we spoke with, talked about those they supported with fondness and compassion.

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

- People told us they were supported to be involved in making decisions about their care. One person told us they are always asked what support they would like and when they would like assistance. They went on to say, "If I don't want to do something at a particular time they (staff) will always come back a little later to see how I was and ask again. This is just how I like it."
- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities. For example, we saw one person didn't want to take part in an activity. The staff member present then supported them with something they were more interested in. This demonstrated to us that staff members were aware of and supported people with their specific choices.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities.

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

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to retain their independence. For example, one person told us they liked to do certain things for themselves and if they needed assistance a staff member would be available to support them.

Is the service responsive?

Our findings

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

Good: 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, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person's relative told us they were kept fully informed about any changes regarding their family members health. They went on to say, "We sit down regularly to discuss the care and support [family members name] receives and if there is anything else that could be done to support them."
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. For example, menu items with picture prompts. Staff members knew how to effectively communicate with people. The management team were aware of the accessible information standards, and were in the process of implementing the standards as part of people individual reviews of care. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes. At this inspection we saw people involved in a movement to music session, board games and pub lunch. One person told us they enjoyed the movement to music. They said, "I don't call it dance as I can't dance. But I do move to music and a really enjoy it."

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- Ashleigh House supported people at the end of their lives. Where people had expressed specific preferences for their care and spiritual support we saw that these were met. For example, putting a bird feeder on the window sill so people could still enjoy the local wildlife. The management team sought the support of relevant healthcare professionals to ensure people's needs were met at the end of their lives.

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.

At our last inspection (published 21 July 2017) we found we found the provider needed to improve their quality monitoring systems. At this inspection we found they had made these improvements and therefore rated the key question well-led 'Good'.

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

Continuous learning and improving care.

- The management team had systems in place to monitor the quality of the service that they provided. This included checks on the environment, checks of the medicine administration records and reviews of the care and support people received. We saw these checks were completed regularly and actions were completed promptly to ensure people received good care and support.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.

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

- People told us, and we saw, they had a positive relationship with the registered manager and found them to be kind, caring and engaging. One person said, "[Registered manager's name] is an absolute sweetheart. I could do without them." One relative said, "I know I can go to them [registered manager] any time day or night and they will put my mind at ease. I have full faith in them."
- Throughout this inspection we saw the registered manager supporting people and working alongside their staff team to meet people's needs.
- Staff members we spoke with told us they found the management team supportive and approachable. One staff member said, "I can go to them anytime I want. It is not a them and us culture but everyone working together to make this the best place possible for people to live."
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Ashleigh House.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw that people were involved in decisions about where they lived and the support they required. For example, one person told us they helped to pick the new curtains. One relative told us, "I have been invited to attend relative meetings but owing to other commitment have not been able to attend. They offered to move the time for me but they keep me fully informed about what is happening and if I have anything to add. Needless to say, I am very happy with everything."
- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings. One staff member said, "There are regular staff meetings and we have the opportunity to contribute to the changes and we are truly valued by [registered manager's name]."
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.