

Ashley Court Care Limited

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Inspection report

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Tel: 01902335584

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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

This inspection took place on 23 August 2017 and was unannounced. Ashley Court is registered to provide accommodation for people who require nursing or personal care. At the time of our inspection there were 26 people living at the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

At our last inspection we found medicines were not always stored safely, at this inspection we found the provider had made the required improvements. People had support from staff to safely administer medicines as prescribed and medicines were stored safely. People were protected from the risk of harm. Staff understand how to safeguard people and manage risks effectively. People were supported by sufficient staff that had been recruited safely.

People were supported by staff that understood their needs. Staff were knowledgeable and had regular updates to their training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were given a choice of food and drinks and had access to health professionals to support and maintain their health and wellbeing.

People said staff were caring and they felt involved in all aspects of their care; Staff ensured people had a choice and were supported to maintain their independence. People's privacy and dignity was maintained by staff.

People received support from staff that understood their needs and preferences. People were supported by staff to take part in activities and could spend time doing things they enjoyed. People understood how to make a complaint and complaints were used to improve the quality of the service people received.

People felt able to engage with the management team. Staff told us they could access support from the management team. We saw the provider had systems in place to ensure people received a good quality service.

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 is safe.

People received their medicines as prescribed.

People were safeguarded from harm.

People were supported to manage risks to their safety.

People received support from safely recruited staff. There were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Ashley Court Care Limited

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 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.

The inspection was a comprehensive inspection which took place on 26 August 2017 and was unannounced.

The inspection team consisted of one inspector. When planning the inspection we reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. Before the inspection, 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 used this information to help us plan our inspection.

During the inspection, we spoke with four people who used the service and four relatives. We spoke with the registered manager, the deputy manager, three care staff and the cook. We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 reviewed a range of records about how people received their care and how the service was managed. These included six care records of people who used the service, medicine administration charts, three staff records and records relating to the management of the service such as training records, complaints, safeguarding and accident records.

Is the service safe?

Our findings

At our last inspection on 31 March 2015 we found the provider needed to make improvements to how medicines were stored safely. At this inspection we found the provider has made the required improvements.

People received their medication as prescribed. People told us they had their medicines when they needed them. One person said, "Staff help me with my medicines, they make sure I have what I need". Another person told us, "The staff manage medicines really well, they are all labelled from the pharmacy and it is always on time". Staff told us their competency was assessed following training to administer medicines and they felt confident when administering people's medicines. Records we saw confirmed this. The registered manager told us in the PIR that staff administering medicines were trained, medicine risk assessments and management plans were in place and they audited medicines systems to ensure safe administration. We found there were effective systems for the ordering, storing and disposing of medicines. We looked at the medicine administration records and found these were accurately completed. The registered manager had systems in place which were effective in checking people had their medicines as prescribed. This meant people were receiving their medicines as prescribed and there was a system in place to safely store and manage medicines.

People told us they felt safe. One person said, "It makes me feel safe living here because there are people here to help you". Another person told us, "I feel settled, which make me feel safe, if you are worried you can speak to anyone". Staff were confident in describing the actions they would take if someone was at risk of harm or abuse. Staff told us they could report things to other bodies if their concerns for people were not addressed. One staff member said, "I understand there can be physical, emotional and financial abuse as well as neglect, I am aware that I can raise things with CQC if nothing is done". The registered manager was able to describe the actions taken when there was a report of suspected abuse or harm and how these were investigated and reported to the appropriate authorities. We saw records which supported what we had been told. This meant the registered manager had system in place to keep people safe from abuse.

People were supported to manage risks to safety and where accidents occurred staff took appropriate action. One person said, "I have never had an accident or fall, I think the staff make sure we are safe, I haven't seen anyone else fall either". Staff understood risks to people's safety. For example they could describe how people were supported to prevent falls, for example by using a sensor mat to alert staff when they were moving. In another example, staff could describe the steps they take to keep people calm and to reduce the risk of people becoming aggressive. This avoided the need for medicines to help calm people down. . We saw there were risk assessments in place which identified risks to safety and gave guidance to staff on how to mitigate risks. For example, we saw people supported to move around the home safely, staff were observed ensuring people were safe when using the lift. We saw records showing accidents and incidents were documented and actions taken to reduce the risk of reoccurrence. This showed people were supported to manage risks to their safety.

People received support from safely recruited staff. Staff told us they had to provide an application which

included information about their work history and experience. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People, relatives and staff told us there was enough staff to support people safely. One person said, "I think there are enough staff here, I have never seen anyone wait a long time for help". A relative said, "There are always staff about to call if someone needs help". One staff member said, "There is enough staff here, people never have to wait there is enough throughout the day". We saw there were sufficient staff on duty to provide support during the inspection. For example, people were able to undertake activities, they did not have to wait for support and call bells were answered promptly. The registered manager told us they assessed people's dependency levels and adjusted staffing levels if people's needs increased and the records we saw supported this. This meant there were sufficient staff to support people safely.

Is the service effective?

Our findings

At this inspection, we found staff had the skills to effectively meet people's needs; people were supported to have freedom of choice and their dietary and health needs were met as in the previous inspection. The rating continues to be good.

People were supported by knowledgeable staff. One person said, "I believe the staff have the right skills to do their job, they always seem to know how to support people, and they attend to people quite well". A relative told us, "The staff are really skilled at working with [my relative], as they have dementia, staff make sure they communicate in a way they can understand". Staff described having an induction into the role that included shadowing more experienced staff. One staff member said, "My last training update was for infection control, I have also recently done pressure care awareness and we have regular updates on fire safety procedures". We found staff felt confident in their role, they told us they had regular updates to their training; the records we saw supported this. We saw staff had the skills to support people. For example, supporting people with transferring safely. This showed the registered manager ensured staff had the appropriate skills to support people.

People told us staff sought their consent to care and support. One person said, "The staff always ask for consent yes, they say 'is it ok if we do this or that?' Staff could describe how they would seek consent and withdraw if this was not given. One staff member told us, "I always ask if it is ok to do things, to seek consent". We observed staff seeking consent from people during the inspection. 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. The registered manager told us in the PIR that they had systems in place to meet the MCA requirements and our observations supported this. We saw where people were unable to consent their capacity had been assessed, discussions had been held with appropriate people and decisions were being made in their best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate applications had been made to the local authority for DoLS assessments. Staff could describe what it meant if someone had a DoLS in place, for example one staff member said, "A DoLS means we have the legal right to prevent a person from leaving the service for example". People had their rights protected by staff that understood the principles of the MCA.

People told us they had a choice of food and they were supported to meet their needs. One person said, "The staff made sure I had my breakfast today, even though I was late up this morning". Staff understood people's nutritional needs and preferences. For example they could describe how one person was supported to have a special diet to help them manage their diabetes. We spoke to the cook and they told us people were given a choice of meals, they said they were always kept up to date on people's needs and

could describe for us how they met specific dietary needs such as for people with diabetes. The cook told us they were aware of people's preferences and made sure they had meals which met these, but they also encouraged people to try new things. We saw people had a choice of food and drinks throughout the inspection and staff made sure people had enough to eat and drink. We saw staff ensuring people had the support they needed when eating and drinking. We found people's care records reflected what we saw. This meant the systems in place to ensure nutritional needs were met were effective.

People had access to healthcare professionals as required. One person said, "If I am unwell they will always get the doctor or if required straight to hospital". Another person told us, "I have previously been ill, they monitor me and get the doctor for any problems". A relative said, "[Relatives name] had a problem with a sore when they came here, it has now got better thanks to how the staff have worked to improve it". Staff could tell us about how people's health was monitored and gave examples of where they had sought the advice of health professionals. We saw records which showed the advice of health professionals such as doctors and nurses. We could see from people's care records the advice had been followed. This meant people were supported to manage their health and wellbeing.

Is the service caring?

Our findings

At this inspection people continued to be complimentary of the staff, were happy living at the service and felt cared for. The rating continues to be good.

People told us they had good relationships with staff. One person said, "The staff are caring in how they approach their role". Another person said, "The staff are good and very caring, I have a good relationship with them all". Relatives told us staff took the time to get to know people. One relative said, "I am really pleased about how settled [relative's name] is, they are never upset when we leave, the staff are all lovely and interact with [relative's name], they speak to [my relative] like a person and always interact with everyone here". Staff told us they felt they had good relationships with people and they felt this was important. We found staff took time to talk to people, they were caring in their approach, and people were observed smiling at staff when they engaged with them. There was continuous engagement between people and staff, with staff taking every opportunity to talk to people. The atmosphere was lively and people were engaged in conversations throughout the inspection. The registered manager told us in the PIR, "Staff have good rapport with people and all visitors", our observation's supported what we were told. This meant people were supported by caring staff that took time to get to know them.

People told us they could choose things for themselves. One person said, "I feel I can decide what I do, I am able to move about wherever I want and when I want. I can go outside if I want to". Another person said, "I can choose what I want to do. My plan for this morning is to read the paper and catch up on some TV". Staff told us they offered people choices about all aspects of their care. The staff gave examples of offering choice about when people wanted care and support delivered, what clothing they would like to wear, how to spend their day, what to eat and when to take a bath or a shower. Our observations supported what we were told; people had choices throughout the inspection in all aspects of their care. This showed staff enabled people to make choices for themselves.

People were supported to maintain their independence. One person told us, "I am very independent, I can do most things for myself, the staff leave me to my own devices but check I am ok, which I like". Staff told us they encouraged people to do things for themselves. We saw staff encouraged people to do things for themselves, for example, people were encouraged to mobilise independently where they were safe to do so. Care plans also identified what people could do for themselves. The registered manager told us in the PIR, "We encourage service users to remain as independent as possible and for as long as possible without compromising their personal health, welfare and safety". Our observations supported what we were told. This meant people were encouraged to retain skills in independent living.

People were treated with dignity and respect. People told us staff were always respectful. One person said, "The staff are very caring in how they approach their role, they show respect to the people that live here". People felt their privacy was respected. One person said, "The staff always knock the door before they come in". Another person told us, "I feel they respect us, staff listen to you and I never feel rushed". Another person said, "The staff always shout out before they come in my room". Staff could describe how they ensured people's privacy was respected. One staff member said, "I always respect people's privacy for example by

leaving the room when they are using the toilet or having their personal care, where it is safe to do so". We found staff were discreet when offering people care and support, the interactions between people and staff were observed as respectful. This meant people were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People received care and support that was individual and personalised to their needs. People told us staff knew them well and understood their needs. One person said, "The staff know me quite well now, they know what I like and dislike". Another person said, "The staff know I like to sit with my friend here, and have a chat". A relative told us, "[Relatives name] likes to stay up and watch TV, then have a lie in and go out to the hairdresser they have always used, staff know this and make sure they can". Staff were able to describe people's needs and preferences and tell us what people liked and disliked. The registered manager told us in the PIR, staff had received equality, diversity and human rights training, the records we saw supported this. We found staff were able to describe how they supported people to meet their cultural needs. For example one staff member told us there was always a staff member on duty that spoke Punjabi to offer support to people. Another staff member told us they had trained the cook to make culturally appropriate food. The registered manager told us they had arranged visits from a local temple for some people and had arranged to have prayers available on a compact disc for people to listen to. We saw people's care records detailed people's preferences as we had them described to us. This meant people received support from staff that understood their needs and preferences.

People were involved in the assessment and planning of their care and support. One person said, "When I first came here they asked me lots of questions to find out about me and what I needed help with". The registered manager told us in the PIR care plans were drawn up with the full involvement of the person concerned and their representatives. They described a detailed assessment which considered people's background, lifestyle, likes and dislikes including dietary, cultural and religious needs and interests. The records we saw supported what we were told and showed regular monthly reviews took place. This meant people were involved in their assessment, care planning and reviews.

People were able to engage in meaningful activity. People told us there were plenty of things to do during the day and they were supported to follow their interests. One person said, "I like to read books and do word searches, there is a small library here and I use it to get new books to read". We saw people were engaged in meaningful activity throughout the day. We saw people taking part in a group activity during the inspection. Staff were using pictures to hold a discussion with a group of people. We saw people were enjoying this, talking about the items in the pictures and chatting to each other and staff. We could see people's care records showed the type of things they liked to do. In another example, we saw one person tell staff they were fed up, staff asked what they wanted to do and they said "I would love to go for a walk", we saw staff take the person out for a walk. This showed staff supported people to follow their individual interests and take part in activities of their choice.

People and their relatives understood how to make a complaint and felt confident their complaints would be listened to and acted on. People told us they felt comfortable raising any concerns. One person said, "I have never had to complain about anything, it's nice here, if I did I would speak to the manager". Another

person told us, "I would personally speak with the deputy manager they always listen to me, but I guess you could go to anyone". Staff could describe how they would try to resolve issues or concerns for people, and inform the registered manager of the complaint. We saw complaints were reviewed in line with the provider's complaints policy. We saw complainants were provided with a response and action was taken to ensure there was learning from the complaint. This meant the provider had a system to learn from people's complaints.

Is the service well-led?

Our findings

At this inspection we found the service was as well led as at the previous inspection. The rating remains good.

There was a registered manager in post at the time of 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.

People felt able to approach the registered manager and discuss any concerns. Staff told us they felt the registered manager and deputy manager were approachable, they felt they could seek support and raise any concerns or make suggestions for change. A staff member said, "The registered manager and the deputy are around most days and I know we can always approach them for advice". We found the registered manager and deputy were available to people, relatives and staff throughout the inspection. We saw people were comfortable approaching the managers to discuss things. This showed the registered manager had created an open atmosphere and staff were able to influence changes within the service.

The registered manager told us in the PIR that they held regular supervisions and appraisals with staff and had regular team meetings. Staff confirmed these sessions were held and told us they felt they were well supported by the management team. We saw records of team meetings which showed staff had the opportunity to be updated on changes, make suggestions and have discussions about things such as recent incidents. One staff member said, "We have regular supervisions and team meetings where we can talk about people we support and any training needs". We saw the management team on duty during the inspection gave direction to staff and demonstrated leadership. This showed the registered manager ensured staff had access to management on each shift and there were systems in place to support staff.

The quality of the service was assessed to ensure people received good quality care and support. The registered manager told us in the PIR they undertook a range of audits to ensure good quality care was delivered. We found audits were in place which looked at the environment, equipment and medicines. These audits were effective at identifying improvements. We could see for example, the audits had identified some repairs which had then been completed. The registered manager told us daily checks were done to ensure people were receiving the care and support they needed. The manager on duty checked to make sure people's care had been delivered and was recorded in their daily notes. For example checks were done on fluid charts and repositioning charts. Staff also told us any concerns about people's care not being delivered would be reported straight away. This meant there were systems in place to check the quality of the service people received.

People and their relatives were aware of the processes which were in place to seek their feedback and felt able to influence changes. One person said, "I have made some suggestions since I came here, staff tell me I have influenced some changes, and I have seen improvements since I came for example there are now table cloths used in the dining room". We saw the registered manager had a system in place to check what people

thought about the service they received. This was done through regular surveys and resident meetings. We saw people had used resident meetings to discuss the menus and make suggestions. One person had requested liver was added to the menu. We saw people were having liver on the day of the inspection. This showed the registered manager had systems in place to seek people's views about the service and make improvements.