

Ashley Court Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection of Ashley Court Care Limited on 31 March 2015. At the last inspection in July 2013 the service was meeting the regulations with all of the areas that we looked at.

Ashley Court Care Limited provides personal care in a residential setting for up to 28 older people. The provider had recently increased its provision from 21 to 28 service user places. At the time of our inspection there were 21 people living at the service.

There was a registered manager in post at the time of our 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, visitors and external professionals were positive about the care provided by the service. Our own observations confirmed that care was attentive and compassionate.

Summary of findings

People felt safe using the service. Risks to people were assessed so that staff knew how best to support people safely. Staff knew how to recognise and report abuse.

We found there were enough staff to support people during our inspection. Staff were recruited in a safe way.

We found some topical creams were incorrectly stored. We also found that staff did not have access to guidance for all people who required medicines on occasions; such as those who required pain relief.

People's care was regularly reviewed. People and their representatives were involved in decisions about care.

Staff were supported to be effective in their roles and to deliver good care. Staff were aware of how to support people's choices and promote their rights.

People received adequate levels of food and drink to keep them healthy. Staff were aware of how to support different people with special food and drink needs. People's health was supported by access to appropriate external healthcare professionals.

Staff delivered care that was compassionate and supported people as individuals. Staff knew what conditions people had and how to support these. Staff respected people's dignity, privacy and independence.

Staff were able to pick up on people's changing care needs. They implemented advice from appropriate healthcare professionals in order to assist people with their well-being. People's needs were assessed using appropriate assessment tools. However, we found that, while staff knew how to support people, people did not always have specialist care plans in their records to reflect this.

People knew how to raise matters of complaint with staff and were comfortable in doing so. No one we spoke with told us they had any reason to complain.

The management promoted a positive culture at the service. Staff felt supported by the provider. The provider carried out a number of audits to identify and address issues with the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

We found some prescribed topical creams were not safely stored. Not everyone who received 'as required' medications had guidance in their care records as to why, when and how these medicines should be given.

Risks to people were assessed and strategies to reduce risk implemented by staff.

Staff knew how to identify and report abuse in order to safeguard people.

Requires improvement



Is the service effective?

The service was effective.

People's care was regularly reviewed to ensure it still met their needs.

Staff knew how to support people's rights and respect their choices.

Staff were supported to maintain and develop skills in their roles.

People received adequate food and drink. Staff knew about people's specific needs in relation to food and drink.

Good



Is the service caring?

The service was caring.

Interactions between people and staff were positive and compassionate.

Staff listened to people and acted upon their preferences.

Good



Is the service responsive?

The service was responsive.

People's needs were met in the way they preferred. Staff responded in a timely way to people's changing needs.

Staff regularly reviewed people's care to ensure it still met their needs.

Staff were aware of when people needed support for particular conditions, such as the prevention of areas of sore skin.

Good



Is the service well-led?

The service was well-led.

The management promoted a positive culture within the service. Staff felt supported by the management team, which meant they delivered quality care.

The provider sought to gain people's opinions of the service and addressed identified issues.

Good



Summary of findings

The provider had implemented a number of audits to check the safety of the service they provided and in order to improve people's experience.

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

This inspection took place on 31 March 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must

send us to inform us of certain events. We also contacted the local authority and the local clinical commissioning group, who monitor and commission services, for information they held about the service.

During our inspection we spoke with five people who used the service, four visitors and a visiting professional. We also spoke with the registered manager and four care staff.

We reviewed the care records of four people who used the service, two staff records and records relating to the management of the service.

We undertook general observations in communal areas. We used the Short Observation Framework for Inspection (SOFI) during lunchtime in the dining area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they received the medicines they needed in order to maintain their health and well-being. They also told us they received medicines at the correct times. A visitor told us, “[Person’s name] is getting her medication”.

We looked at the arrangements for the safe storage and administration of medicines. We found three containers of topical creams, prescribed to three different people, in an unlocked cabinet in a bathroom. The manufacturer’s guidance, shown on one of these creams, directed that it should be stored under 25 degrees centigrade. There was no facility to record the temperature in the bathroom, and so it could not be guaranteed that this medicine was being stored in a way which maintained its effectiveness. The creams were also accessible to anyone using the bathroom and should be secured appropriately in order to keep people safe. The manager was advised of this and undertook to ensure prescribed topical creams were secured appropriately in future.

We looked at guidance for staff where people received as required medicines, such as pain relief. Guidance assists staff to understand what these medicines have been prescribed for and when and how they should be administered. We found that, while some people’s records contained this type of guidance, some records did not. This meant that, while we spoke with knew what to do, guidance was not available to staff who may be less familiar with the person’s needs.

We looked at the medicines storage room. We saw that this room was secure. We also saw that the provider kept regular records of the temperature of this room, to ensure that medicines were kept at a temperature which maintained their effectiveness. We checked controlled drugs stock. We saw these were secured and recorded in line with legislation. Care staff told us they assisted people to take their prescribed medicines and explained the appropriate actions they would take if a person refused their medicines. Records demonstrated that care staff had received medicines training and their competency to administer medicines was checked.

People and visitors told us they felt the service was safe. One relative told us, “It’s very safe here. Very good care; very protective”. Staff were knowledgeable about how to

recognise the signs of abuse and report it. Staff described the actions they would take to support a person if they suspected or witnessed abuse. One member of staff told us, “If I thought someone was being abused I would report it to the manager or one of the seniors”. Staff were also able to identify agencies they could report abuse to, such as the CQC, police and local safeguarding authority. Guidance was available to staff on what to do if they suspected abuse was happening. This included advice from the local safeguarding authority.

People told us staff supported them in a safe way. There were arrangements in place to identify risks and reduce the likelihood of harm, while supporting people to be as independent as possible. People’s care records contained risk assessments in relation to everyday activities, such as moving safely and eating and drinking. These assessments provided guidance to staff on how to best support people during activities which may present a risk, in the safest way possible. We observed staff following this guidance in order to keep people safe.

One person told us staff responded in a timely way to their needs. They told us, “Staff come quickly. I use my call bell”. All but one person (a visitor) told us that staff responded promptly. This visitor told us that people sometimes had to wait a while to be supported when staff were busy. They told us, “There can sometimes be a bit of a wait for the toilet. It’s the only problem here sometimes”. They also said there were always enough staff to accompany people to external appointments, adding, “No one ever goes unaccompanied to hospital”. During our inspection, we saw that there were enough staff to meet people’s needs. We saw that people were assisted in a timely manner when they required support.

Staff recruitment records showed that procedures were in place to make sure that prospective staff were suitable for their role and responsibilities. We found that staff employment histories were checked to ensure they had appropriate experience. Pre-employment checks also included two relevant references and criminal records checks, so the provider could be sure staff were of an appropriate character to care for people. Staff confirmed that checks had been carried out prior to their employment. They also told us that interviews had challenged their knowledge about care.

Is the service effective?

Our findings

People and visitors spoke positively about the care and support provided by staff. One visitor told us, “It’s very good here”. One person said, “Everything’s beautiful here; very good”.

Care records showed that people’s care was regularly reviewed and updated. People and relatives told us that staff spoke to them about their care and that communication between people and staff was good. One visitor told us, “Staff tell you if there’s a problem. [Person’s name] has had good attention here”. This visitor described how staff were quick to pick up on a developing medical condition for one person and put in place strategies to help them. The visitor told us that they were kept informed about what was happening.

Staff told us, and records confirmed, that they received support from the management team to be effective in their roles. Records showed that staff had received mandatory training, which had been identified by the provider, in topics such as moving and handling, falls prevention and safeguarding people. Staff told us they received regular supervision meetings with the management team and could raise any issues they had at any time. Staff told us, and the manager confirmed, that new staff were subject to a six month probationary period. The performance of staff was assessed during this period to ensure they were suitably skilled in their role. We observed staff delivering skilled care.

We saw staff offering people choice throughout the day. We saw staff using effective communication to better understand people’s choices. Staff respected people’s choices. People we spoke with told us staff respected their wishes, such as what they wanted to eat, or where they wanted to go. We saw that people’s care records provided staff with guidance on the best way to communicate with people and understand their choices. We saw guidance about how staff should approach the refusal of medications by one person, who sometimes did this. While this advice provided strategies to encourage the taking of medicines; staff reflected that they could not force medicines on this person. They said they would report any refusal to the management team for potential medical reassessment.

Staff demonstrated a good working knowledge of issues in respect of people’s ability and right to make their own decisions. Staff were aware that no one living at the service was subject to any restrictions in their activities and had the right to refuse and accept care. The manager demonstrated knowledge around the law about people’s rights and knew what steps to take if it appeared that someone’s ability to make decisions was declining due to, for example, progression in their illness. They told us they had attended a recent presentation given by the local authority about restrictive practices, which had increased their knowledge in this area. This meant that people’s rights and freedoms were supported at the service.

We found that people were given plenty to eat and drink in order to support their health. A visitor told us, “If [person’s name] is asleep at mealtimes they save it. [Person’s name] sometimes has breakfast at 10 am”. One person was at risk of not drinking enough fluids. We saw that their care records identified this as a potential risk and gave staff guidance on how to encourage this person to drink fluids in order to keep them well. A relative of this person confirmed that dehydration was a risk to the person and that staff used strategies to encourage them to drink more. They told us this had been successful in increasing the person’s fluid intake. They said, “Staff make sure [person’s name] has tea and juice”. We saw staff encouraging the person to drink.

One person told us there was always plenty on offer to eat. They said, “Sometimes there’s too much!”. People told us that they enjoyed their lunch. They said it was, “Very nice” and “Good”. We saw that food looked appetising and portions were generous. People told us there was a choice of what to eat and one person received a specific dish they asked for. We observed that people were offered and supported with their meals at lunchtime. We saw that some people were provided with special equipment to assist them, such as plate guards to prevent food sliding off their plates. Where appropriate, people were asked if they wished to wear an apron in order to protect their clothes. Staff demonstrated knowledge of people’s food needs, such as a healthy diet for those people with diabetes, and these were reflected in people’s care records.

People told us, and records confirmed, that they received support from external healthcare professionals. A visitor told us, “If there’s a problem they don’t hesitate to ring the doctor”. These included appointments with professional such as doctors, dentists and mental health specialists.

Is the service effective?

One visitor told us how staff had worked in support of treatment being provided by the District Nurse service to improve their relative's health and well-being. Another visitor told us staff reacted quickly in calling a doctor when their relative required it.

Is the service caring?

Our findings

People and visitors described staff as kind, caring and attentive. One person told us, “Staff are very caring”. A visitor said, “Staff are hospitable. They really look after the person”. Another visitor told us, “Staff are kind. [Person’s name] calls this home”.

We observed positive interactions between staff and people. Staff treated people with compassion and were caring. We saw from interactions between staff and people that staff knew what was important to people. For example, staff spoke with people about their families and interests, such as their plans for the day. People were comfortable around staff and enjoyed interacting with them. One person told us that staff liked “to joke”, and they enjoyed this too. We observed staff ensuring that people were comfortable and they checked on people’s welfare. For example, One person began to show anxious behaviour. Staff asked this person how they were, spoke to them and gave them reassurance. This person later told us how much they liked the staff. They said, “I hope you find everything satisfactory here”.

People told us, and records confirmed that they were involved in decisions about their care. For example, we saw that people or their representatives had signed care

records to show their understanding and consent. Visitors told us that staff welcomed them into the service and encouraged them to be part of what was happening. One visitor told us about how staff would provide them with specialist activities to carry out with their relative. They told us, “They say help yourself to the famous faces cards [a reminiscence tool]”. They also described how staff kept them informed and shared care planning. A visitor said, “I’ve seen the care plan. I read them to keep us informed”.

We observed staff respecting people’s dignity and privacy. For example, staff checked with people and asked them if they required aprons before eating. Staff knocked on people’s bedroom doors and waited for permission to enter before going in. Staff gave good examples of how they protected people’s privacy during personal care, such as ensuring doors and curtains were closed during personal care.

A visitor told us, “They try to motivate people here”. We saw that staff supported people’s independence. Care plans were written in a way which encouraged people to complete day to day tasks themselves, while remaining safe. We observed staff supporting people to do things using encouragement. For example, one staff member was encouraging a person to walk. They told the person, “You’re doing really well”.

Is the service responsive?

Our findings

Visitors told us that their relatives received a personalised service. One visitor said, “Staff respond differently to different people”. We observed staff supporting people in the way they needed, adapting their communication (for example, speaking slower where needed), according to the person’s needs. One visitor described how staff picked up on changes in health and care needs for their relative and took action. They told us that staff knew people well and so were able to recognise where things were different, because of their behaviour or how they appeared.

We spoke with a visiting mental health professional. They described how staff had implemented the strategies they had recommended for the person they were supporting. They told us, “Staff have been proactive in contacting the CPN [Community Psychiatric Nurse], when needed. They’re always keen to take on board some of the strategies. Staff sit and talk to [person’s name] at night, which does help”.

We saw that people’s care was outlined in care plans which were regularly reviewed. We found that care plans addressed people’s needs in a personalised way. People’s nutritional and skin care needs were assessed to determine whether they needed extra support in these areas. We saw staff following the advice outlined in people’s care plans. For example, one person needed to keep their legs elevated due to a medical condition. We saw staff checking their legs were raised and encouraged this person to keep their legs in their footstool.

However, we found that some specialist areas of care provided to people were not always supported by a care plan. We highlighted this to the manager who undertook to address this issue. For example, one person was at risk of

areas of sore skin. However, staff were clear about how this person should be supported, including how frequently they should receive pressure relief. We saw pressure relief records which showed this was appropriately provided. We also saw this person sitting on a special cushion to relieve pressure, as staff had described.

Although we did not see any formally arranged activities during our inspection, people told us staff helped them to remain stimulated. We saw activities, such as group exercises and a cheese and wine evening, advertised in the reception areas. One visitor told us, “[Person’s name] is never bored”. We saw that one person was supported to go out in the day. Some people told they enjoyed reading and the provider helped them to access books. This meant that people were involved with activities they enjoyed.

Visitors told us staff were welcoming to them and encouraged them to be involved with the service. We found that people were supported to maintain important relationships. We observed staff interacting with visitors in a positive way, greeting them by name. One visitor told us that relatives of the person they were visiting did not live locally. They told us, “[when relatives call] they take the phone to [person’s name’s] room”. They described staff as, “Very communicative, helpful and thoughtful”.

A visitor to the service told us that staff had described the complaints procedure to them, when their relative had first moved in. We saw that the provider’s complaints process was advertised in the reception area. People told us they felt confident in raising issues with staff. People also told us they had not made any complaints, because there had been no reason for them to do so. Staff told us, and people and visitors confirmed, that they regularly sought people’s views on the services

Is the service well-led?

Our findings

People, visitors and staff were complimentary about the management team at the service. One person described the manager as, “A good friend”. The manager and deputy manager interacted consistently with people throughout the day and people spoke comfortably with them.

Staff told us they felt well supported by the manager. One member of staff described how the manager had developed them into their current role from a previous one at the service. Staff met regularly with the management team, individually, to discuss their performance, training needs and any other issues they wished to discuss. Staff told us these meetings were useful and constructive. They also told us they could approach management at any time with concerns or questions. Staff were familiar with the provider’s whistleblowing policy, including how to raise any concerns to external organisations if required. This meant staff knew how to progress concerns which effected people’s experience of the service.

People and visitors described the management team as friendly and approachable. One visitor told us they spoke with managers during most visits to the service and that

they had useful discussion about the care their relative received. People described the management team as people who, “Got things done”. People told us they had confidence in the manager and senior care staff.

The provider monitored the quality of the service by regularly speaking to people and visitors. The provider had also carried out an annual survey in May 2014. The analysis of these surveys showed that most people were satisfied or very satisfied with aspects of the service. Where issues were raised, we found that the provider had taken steps to address the concerns, such as maintenance issues.

The manager audited the quality of the daily records completed by staff. The records we saw were detailed and demonstrated that people received a personalised and caring service that met their identified needs. We discussed the specialist care plans with the manager, who undertook to address this issue. We saw that the provider undertook audits to ensure the safety and quality of the service. These included maintenance and hygiene checks. We saw evidence of the provider taking action where issues were found. Medicines were being audited by senior members of staff, in order to identify and address any issues. We saw that action had been taken where people had raised suggestions to improve the service. We found some issues which had not been identified by audits and spoke with the manager about making audits more robust.