

Colleycare Limited

Ashlyns 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

Ashlyns care home provides personal care for up to fifty-eight older people and or people who live with Dementia. It does not provide nursing care. At the time of our inspection 54 people were accommodated at the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and their relatives told us that they felt people were safe living at Ashlyns. Staff had received training and knew how to keep people safe from harm or abuse. Risks to people were appropriately assessed and measures put in place to help ensure people were kept safe.

The provider operated a robust recruitment process which helped to ensure that staff employed to provide care and support were fit to do so. There were sufficient numbers of staff available, who were well supported and trained to meet individual needs and the service provided was flexible. Staff sought people's consent to care. The registered manager and staff were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were assisted to eat and drink sufficient amounts to keep healthy and were supported to access healthcare professionals when required.

People were treated in a kind and caring way by staff who respected their privacy and maintained their dignity. People and family where appropriate were involved in the review and development of peoples care and support plans. People were asked for their views on how the service operated and their views were acted upon.

People received personalised care that met their individual needs. People were encouraged and supported to participate in activities that were of interest to them and to engage in hobbies both at the service and also events that were arranged in the community.

People and their relatives told us they knew how to raise concerns through the complaints process. They said they were confident they would be listened to and that any concerns raised would be appropriately investigated and resolved.

We found that records were well maintained through an online system and provided staff with detailed information about how to support people.

The registered manager had systems in place to obtain feedback from people who used the service, their relatives, and staff to help improve the service people received.

There was an open, transparent and inclusive culture at the service. People who used the service, their relatives, staff and commissioners all gave positive feedback about the service and how it was managed and operated.

The registered manager had a range of systems and processes in place to monitor the quality of care provided at the service and to make continual improvements.

The environment was well maintained and people's bedrooms were personalised. The décor was appropriate, in particular for people who lived with Dementia. There was plenty of objects available for people to 'engage' with.

Further information is in the details below.

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 remained good	Good ●
Is the service effective? The service remained good	Good ●
Is the service caring? The service remained good	Good ●
Is the service responsive? The service remained good	Good ●
Is the service well-led? The service remained good	Good ●

Ashlyns Care Home

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.'

This comprehensive inspection was carried out by one inspector and an expert by experience on 30 August 2018 and was unannounced. An expert by experience is a person who has experience of this type of service.

The provider had completed a Provider Information Return (PIR) as part of this inspection process. 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 checked the information we held about the service and the provider and saw that no concerns had been raised.

During the inspection we spoke with eight people who used the service, four staff members, and the deputy manager. The registered manager was not at the service on the day of our inspection as they were on holiday. We received feedback from commissioners.

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 share their views with us.

We reviewed four care and support plans, two staff recruitment files, training records and other documents relating to the overall management of the service.

Is the service safe?

Our findings

The service continues to remain safe. People told us they felt safe living at Ashlyns. One person told us "I do feel safe because I don't go out of my room at all. I am very well looked after – they are a top lot! They keep an eye on me day and night. No problems. I've never had to use the call bell but I did in error a couple of days ago. I confused it for a light pull and pulled it very early one morning. They (staff) were here almost immediately and were very nice about it. They told me it was fine as long as I was ok. So, I feel more secure here than anywhere."

People were protected from the risk of abuse. Staff spoken with told us they had received training in safeguarding. One staff member told us "The training I did included safeguarding and I know it's our responsibility to tell seniors about any concerns. I have never had to but I would not think twice about reporting if I was worried."

People were protected because there were robust recruitment processes in place which helped make sure all staff were of good character and suitable to work in this type of service. We checked the recruitment records for two members of staff members and found that all the required pre-employment check had been completed which included a disclosure and barring check (DBS) and a minimum of two written references.

There was adequate staff deployed with the right skills and experience to meet people's needs safely. Call bells were answered in a timely way. Staff rotas we reviewed confirmed there were enough staff to meet people's needs safely.

There were suitable arrangements in place for the safe administration of medicines and staff had been trained. We saw that medicine administration records (MAR) had been completed correctly. Regular audits had been completed to monitor the safe administration of medicines. Staff had their competency checked to ensure that staff followed best practice. Medicines were stored securely in medicine rooms with daily temperature checks completed. There were protocols in place for the administration of medicines given when required. Separate records were kept to record when medicines as required were administered.

People's safety continue to be maintained because there were effective infection control measures in place. Staff had received training on infection control and wore protective clothing when providing people's personal care.

Is the service effective?

Our findings

The service continues to be effective. People received care from staff who had the appropriate skills and experience to carry out their roles effectively. Staff completed an induction programme when they started working for the service. Further training was provided along with regular updates when required. This included safeguarding people, moving and handling and the safe administration of medicines. Staff had observed practice to help ensure they remained competent and maintained best practice.

One staff member told us that the training they received was appropriate for their roles. They told us, "I think we have sufficient training. New staff are given enough time to settle with 2 weeks induction and shadowing." Another staff member told us "We can also do specialist training. I gained a lot from the Dementia Tour training. It made me realise when a resident was walking along pulling at their trousers, they thought they were tripping over them. It's made me watch out for all these things when I'm working. The training is ongoing and seniors are always around to help and support us."

Staff told us they felt well supported by the management team. Staff members confirmed that they received regular supervisions with their line manager which gave them the opportunity to discuss work related issues or concerns. In addition, staff attended regular team meetings and staff were able to contribute agenda items or topics they wished to discuss.

People had their consent sought before support was given. We checked the care plans for four people and records confirmed that people, where able, had signed to give their consent to the support provided. Staff we spoke with understood that they were required to obtain people`s consent before they provided care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One authorisation had been granted and others were pending. We saw evidence that staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. One staff member we spoke with was able to describe the process they were required to follow to protect people's best interests.

Peoples ethnic, cultural and religious needs were met when people had indicated they had specific observations, for example through visits from ministers, religious events and observations and the provision of special dietary choices.

People were encouraged and supported eat and drink sufficient amounts to maintain their health. People were given a choice of where they ate their meals. Snacks were available throughout the day. Any concerns in relation to peoples dietary needs were referred to relevant professionals such as dieticians or the speech and language therapy team (SALT) team.

People continue to be supported to access a range of healthcare professionals such as their GP, opticians and chiropody services could be arranged when required. This helped to maintain people's health.

Is the service caring?

Our findings

The service continues to be caring. People were cared for by staff who were kind caring and patient. One visiting relative told us "[Name] has been here about a year. It is amazing here. We looked at other homes but they were not as good as here, so they are staying here. The staff are just wonderful. I know the people are well cared for. They ring me if there are any concerns. I cannot fault them from Management to all the staff. I can go home with peace of mind and they'll keep me fully informed." Another relative told us "[Persons] keyworker is wonderful. Nothing is too much trouble. She always calls me, and lets me know how [Name] is." They often come and sit with me and ask me how I am, then talk a while. We catch up on the chat, I like that."

People and their relatives told us they were well looked after and staff and managers were kind and caring. One relative told us "It's a lovely place to live for [name] and I always feel they genuinely put the people first and it's a nice happy place to be".

Staff had developed positive and caring relationships with people they knew well. Staff spoken with were able to describe people's individual needs and wishes in detail. One staff member told us "I have worked here for many years now and have got to know people very well. We work together as a team to make sure people get the best possible care. They [People] become like second family." People who used the service confirmed staff were kind and caring towards them. One person said "Yes, [staff] are very nice and really do care for us very well".

We observed staff engaging positively and respectfully with people throughout the inspection. Peoples dignity and privacy was promoted, maintained and respected. Staff were seen to knock before they entered people's bedrooms and waited to be invited in. We also observed staff demonstrating patience and understanding with people who were not always able to fully communicate their needs verbally.

People who used the service were encouraged to maintain positive relationships with friends and family, and visitors were welcomed at all times. One visiting family member told us "I am always kept informed. That is reassuring, I know if there is any change or a concern they will call me and let me know".

People who used the service and their relatives continue to be involved in the development and regular review of people care plans. For example, people's life histories which had been developed with input from family members, were detailed and provided staff with a good understanding of people's lives, what was important to them and who were involved in their lives.

The person's private and confidential information was stored securely within the main office and we saw that confidentiality was maintained by the registered manager.

Is the service responsive?

Our findings

The service continues to be responsive. People, and their family members, told us they felt the service was responsive to peoples changing needs. One relative told us, "All the staff are very friendly and approachable. If anything changes the staff definitely respond quickly, and always keep me informed."

We noted during the inspection that the doors in the main lounge leading to the enclosed garden area were closed. Although there was a singing/dancing activity in progress several people were asleep and disengaged. We noted there were many items outside for people to engage with. It was a warm sunny day. We spoke to the deputy manager about this, to see if people might be interested in being outside in the sunshine. The deputy manager told us she would look into this and make sure this was an option going forward. Later in the day we observed that both windows and doors had been opened, giving people access to fresh air and the pretty enclosed garden areas.

People were asked to provide feedback and this was documented in the minutes of the meeting that had been held. We saw that where people had made suggestions. The management both appreciated people's views and where possible put things in place. For example, people had suggested having a cinema room where they could engage in 'film' nights. Some people were anxious they would lose the library. However, they installed a big screen in the library room which can be pulled down to show films. People told us they were really pleased now with the end result. In addition to the big screen a computer area had been developed where people could use the computers and SKYPE relatives which staff told us had become very popular.

Staff told us activities were chosen by people who use the service. One staff member told us "It is always discussed. They [People] will always tell you if they like something, or not. Bingo is a favourite for quite a few of the residents so we always include that. As long as at least five people are enjoying an activity we continue with it. We do spend 1-1 time with some people. This is not always noted on the weekly activity sheet, as it happens on an ad hoc basis. Quite often it is time for a good chat they require – and that's fine." Another staff member told us "We find the residents really do enjoy the time with the nursery children who visit the home regularly and become quite active and animated. We do try to vary activities and also keep to a routine, to try and meet all requests."

We saw that following the morning activity everyday there is a 'sherry club' where people get together to enjoy a pre-lunch sherry either in the one the lounges or the bar area. Other activities include mini bus trip for tea and cake, shopping, biscuit baking, nails and hand massage, poetry reading of resident's choice, musical quiz, guest piano player, film show, bingo, pub lunch, guest singer.

People continue to be aware of how to raise a concern and we saw there was a complaints policy and procedure in place. Complaints were recorded and investigated and where possible resolved to the satisfaction of the complainant. One person told us "There is a lot of noise here especially in the morning. I don't mean 10am but very early. I call out please be quiet but no one listens. It's every morning. A lot of crashing and banging." We asked the person if they had complained about the noise and they said they had

not. We spoke to the deputy manager about this who immediately took remedial action. They told us they would speak to the night staff to make them aware they were disturbing people and they told us that they were happy for the person to move to another room if they were not happy being in close proximity of the kitchen. This demonstrated that senior staff were committed to taking action to resolve any issues and concerns that were raised. In addition, we saw that many compliments had been received.

Is the service well-led?

Our findings

The service continues to be well-led. People and their relatives told us the service was well led and managed by a consistent staff team. The atmosphere within the home was inclusive and staff and people engaged well together. One person told us "I really like living here. Everyone is so nice and it is homely. The staff and management are so friendly and they really do take good care of you."

The service had a registered manager. 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 knew who the registered manager was and a member of staff told us "The management are very supportive. They are always about and we are encouraged to speak up and they always ask how you are."

We saw minutes from staff and resident meetings which were held regularly, and included a range of topics relevant to all aspects of the service. This included changes to the service, menus and activities along with staff training and development in the staff meetings.

The culture of the home was based on a set of values that promoted people's independence, and provided care and support people needed in a way that maintained their dignity.

There was a clear management structure in place. The registered manager was well supported by the provider, a deputy and an assistant manager who worked well as a team to ensure they provided a good service to people. The deputy manager demonstrated a good overall knowledge of both the people who lived at the service and the staff team.

There continues to be a range of quality assurance systems and processes in place to monitor the overall quality of the service. Audits were completed in areas such as record keeping, infection control, fire safety drills, food and fluid records, and activities. Any action identified was addressed to improve the quality of the service.

The management team were aware of the need to inform us of any 'significant' events at the service. We noted notifications had been submitted informing us of any reportable events at the service.