Colleycare Limited

Ashlyns Care Home

Inspection report

Chesham Road,
Berkhamsted
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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**

Overall summary

This inspection took place on 19 November 2015 and was unannounced. The home provides accommodation and personal care for up to 58 older people, some of whom may be living with dementia. On the day of the inspection, there were 54 people living in the home.

The service has 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 were safe and there were systems in place to safeguard people from the possible risk of harm. There were risk assessments that gave guidance to staff on how risks to people could be minimised. Risks to each person had been assessed and managed appropriately.

Summary of findings

The service followed safe recruitment procedures and there were sufficient numbers of suitable staff to keep people safe and meet their needs. There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who were trained, skilled and knowledgeable on how to meet their individual needs. Staff received supervision and support, and were competent in their roles.

Staff were aware of how to support people who lacked the mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. They were also supported to access other health and social care services when required.

People were treated with respect and their privacy and dignity was promoted. People were involved in decisions about their care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out. There were effective systems in place to monitor 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 safe.

There was sufficient numbers of staff to support people safely.

There were systems in place to safeguard people from the possible risk of harm.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's consent was sought before any care or support was provided and staff understood their roles to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People had enough to eat and drink.

People were supported to access other health and social care services when required

Good

Is the service caring?
The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Good

Is the service well-led?
The service was well-led.

The manager provided effective support to the staff and promoted a caring culture within the service.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Quality monitoring audits were carried out regularly and the findings were used effectively to drive continuous improvements.

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 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 19 November 2015 and was unannounced. The inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 20 people who used the service, 10 relatives, seven care staff, a visiting healthcare professional and the registered manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for six people, checked medicines administration and reviewed how complaints were managed. We also looked at six staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe and that they were supported well by staff. One person said, "I feel safe here, I haven't got any worries." Another person said, "It's very good here; I feel safe. There are lots of people to look after me. If I don't feel safe, I will use the buzzer." A relative said, "My mother is very safe here. The staff are wonderful and we have no concerns."

The provider had detailed policies in relation to safeguarding and whistleblowing that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was available by the entrance to the building. This included guidance on how to report concerns and contact details of the relevant agencies. Staff confirmed that they had received training in safeguarding people and they demonstrated good understanding and awareness of safeguarding processes. One member of staff said, "I have no concerns about people's safety because we work well as a team." They went on to describe the various types of abuse and knew what to do to ensure that people were protected from the possible risk of harm. They said that they felt confident that if they reported any concerns, it would be dealt with appropriately. The registered manager was knowledgeable on how to report any safeguarding concerns to the appropriate authorities such as the local authority, police and the Care Quality Commission (CQC). We noted that safeguarding referrals had been made to the local authority and the CQC had been notified as required.

There were personalised risk assessments for each person that gave clear guidance to staff on any specific areas where people were more at risk. These assessments identified risks associated with people being supported to move, risks of developing pressure area damage to the skin, people not eating and drinking enough, and risk of falling. This helped staff to identify and minimise any potential risks to support people safely. People told us that staff had discussed with them about their identified risks. One person said, "Staff showed me how to use my walking frame and I keep it next to me. I must hold on to the handle grip so that my hands do not slip." Staff confirmed that they were aware of their responsibility to keep risk assessments current and to report any changes and act upon them. One staff member said, "A resident was admitted recently with a piece of moving and handling equipment. We were shown how to use it by another professional. This gave us confidence to support the resident safely." We observed staff using equipment to support and move people safely in accordance with their risk assessments.

The care records demonstrated that individual risk assessments had been completed and regularly updated for risks including areas associated with people being supported with their mobility, risks of developing pressure area skin damage, falling, not eating or drinking enough. This maintained a balance between minimising risks to people and promoting their independence and choice. The risk assessments had been reviewed regularly or when people's needs changed so that people received the care they required.

The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. We noted that people's risk assessments had been kept up to date because they were reviewed and updated regularly or when their needs had changed. For example, one person who required to be transferred by the use of a hoist had two members of staff to support them safely.

There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, and firefighting equipment. People's care records contained personal emergency evacuation plans (PEEPS) which gave staff guidance about how people could be evacuated safely in the event of an emergency.

People said that there were enough staff to support them safely. One person said, "I'm cared for properly; they come promptly when you ring." We noted from the staff duty rotas that sufficient numbers of staff were allocated to ensure that people's needs were met. One person said, "There are always enough staff here. As soon as you press the buzzer, the staff are here." Staff told us that there were always sufficient numbers of them on duty and that they used regular agency staff when required.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. They had effective systems in place to complete all the relevant pre-employment checks,

Good

Is the service safe?

including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. People were assessed to establish if they were able to manage their own medicines and where this was not possible or where they did not wish to, then the staff administered them. There were three people who managed their own medicines. The system used was robust and enabled a full audit of the administration of medicines to be undertaken. Staff's training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed.

Good

Is the service effective?

Our findings

People were very positive about the staff who supported them in meeting their needs. One person said, "The staff are well trained; they're being trained all the time and you can see the training coming through in the way they look after us." Another person said, "The staff are very good; they know how you want things done and are ready to listen to you." A third person said, "My key worker treats me as a friend, a person. They do everything you ask and look after you well". A relative said, "My [relative] receive good care from staff who know their job very well. The staff are brilliant."

Staff received a variety of training to help them in their roles. One member of staff said, "The training is excellent. We are always given opportunities to attend training." Another member of staff said, "I have done my induction and all my training and we are reminded when the next one is due." We noted from the staff training records that staff had undertaken relevant training and had completed yearly refreshers. They had also attended other specific training such as dementia care, nutritional and wellbeing, respecting dignity and managing behaviour that challenges others. The manager said that they made sure that all the staff received all the relevant training they need so that they had the right skills and knowledge to support people in meeting their needs.

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "Supervision is a good opportunity to think about what training you want and how we are getting on with our work." Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care. The provider had identified members of staff to be 'champions' for certain areas of care such as dignity, end of life care and medication. The 'champions' were responsible for cascading best practices to other members of the staff team.

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives, such as social workers.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be appropriate.

People were complimentary of the food and said they enjoyed mealtimes and did not feel rushed. One person commented, "The food is very nice. I get plenty of it. There are always choices on the menu, and a bowl of fruits available in the dining area." We noted that people were offered a variety of drinks and snacks in between meals during the day. One person said, "We get a fresh jug of drinks every day." There were drinks brought to people throughout the day as well as fluids available within reach to those in their rooms.

We observed good interactions between staff and people using the service at lunchtime in order to make it a social occasion. People could choose where they took their meals and most chose to use one of the dining rooms. One person said, "We get a choice of what we want to eat. If not I can ask for something else. We are well fed." Some people had their food served in a deep plate so that they were able to eat without any assistance.

Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. We noted

Good

Is the service effective?

that from the care records we looked at that everyone's weight was stable at this time. We saw that where food supplements were prescribed, these were provided and recorded in line with the prescription.

The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice. Staff recorded fluid and food intakes and were aware of the amount of fluid a person at risk of dehydration should be offered.

People told us that they were supported to access other health and social care services, such as GPs, dietitians, community nurses, and hospital appointments by their relatives so that they received the care necessary for them to maintain their wellbeing. They told us that the care staff did so if urgent care was required. One person said, "If I don't feel well, I know the staff would call the doctor." Two relatives told us how the staff had responded well to an incident when their relative had injured their leg and another person had side effects from their medicines. The GP had been promptly involved. We noted from care records that people had access to the tissue viability nurse who advised them on any concerns on pressure area care to prevent people from developing pressure ulcers.

Good

Is the service caring?

Our findings

People told us that staff were friendly and provided care in a compassionate manner. One person said, "The staff are all very were caring, friendly and kind." Another person said, "The people here have helped me greatly; by kindness and constant help they've got me going. I am very well looked after and the staff are excellent." The relatives spoke very positively about the care and support provided by the staff. One relative said, "My [Relative] is very well cared for and we have no concerns. Staff always phone and keep us informed."

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. We observed that staff knew how people wanted to be supported and respected their choices. For example, a member of staff had asked and supported a person to choose what to eat by showing them the options so that they could make a choice from the menu.

People told us that staff treated them with respect, and maintained their dignity. One person said, "The staff are always respectful. They draw the curtain, cover me up when they help me with my wash." Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence by ensuring that they promoted people's human rights. A member of staff said, "We always knock on the door and wait for a response before we go in. We ask people how they would like to be supported with their shower or bath and we try to make sure that people continue to do as much as possible for themselves. It gives them satisfaction that they are not entirely reliant on us to meet all their care needs." We noted that staff knew the names of people and were on first name terms with them.

Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the provider's office.

People commented on the morale and attitude of staff. One person said, "We have a laugh." We observed good interactions between staff and people and saw how responsive, professional and respectful the staff were towards them. There were a number of occasions when staff discreetly intervened to alleviate resident's distress and agitation. Despite the complex, and, at times challenging needs of some of the people, the atmosphere throughout was calm and relaxed. We saw spontaneous engagement between staff and people. For example, whilst interviewing a staff member one person came to sit with us. The staff member immediately invited them to join in the discussion and drew in their views on the service. This demonstrated the high level of engagement that we saw throughout our inspection and the dignity which residents were treated with by staff.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. People's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People told us that they had provided information about themselves when they had their assessment of needs carried out. We noted from their care plans that they and their relatives had contributed to the assessment and planning of their care. Information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required. We noted that information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. One person said, "I decide when I go to bed and what time I get up in the morning. The staff know what I like to eat and things I like." Documentation in people's care plans confirmed that they had been asked about their preferences for male or female staff to provide their care.

Care records had been written in detail and had been kept up to date. These were individualised, personalised and covered a high level of physical health care needs to ensure that people were comfortable. We saw one person had a notice on the door to their room which reminded staff and visitors that the person was hard of hearing and had poor sight. The notice suggested visitors and staff to stand in sight of them to alert them of their presence. There was sufficient information for staff to support people in meeting their needs. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently.

The activities were varied, enjoyable and aimed to motivate and engage people. People were actively encouraged to make suggestions for activities they would like through their activities coordinator. At the time of our inspection early preparations for Christmas were starting. Children from a nearby nursery were reading stories and singing with people who used the service. A singer was entertaining other residents and bingo was well attended. We were told that the people and staff had made individual poppies and these had formed a poppy wall in the courtyard area with some 700 flowers. The poppy wall achievement was featured in the local paper. People spoke proudly to us about this initiative and successful venture.

Individual needs were met by the design and decoration of the building which was provided to a high standard. Soft furnishing and fixtures and fittings were very well thought through. Residents had personalised their bedrooms. Throughout Willow unit the corridors were adorned with age and dementia appropriate sensory and stimulating items. For example the environment had been created to provide different sights, smells and sounds. There were pictures on the walls, flowers for colour and fragrance, music playing softly on radios or TVs, wind chimes in the courtyard areas and bird feeders placed on bedroom windows for the enjoyment of people who used the service.

The service had access to a minibus to take people for outside activities and trips. One person said, "We went to the zoo and saw the animals." People said that they were involved in planning activities. One person with an active interest in bridge said that the home had arranged for him to play bridge weekly at a day centre.

There were a number of particularly positive and successful initiatives implemented to improve the outside courtyard and garden areas for the enjoyment of people who used the service. For example, a Morris Minor car had been put in the courtyard for people to look at and sit in and reminisce about their driving days. Another area had been created as a beach area and included a beach hut.

One person who was receiving care from their bedroom had a bird feeding box attached to the window so that they could enjoy watching birds and squirrels from their bed. This showed us how staff had personalised the environment to meet the unique needs of each individual.

The provider had a complaints policy and procedure in place and people were aware of this. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. They said that their relatives generally dealt with any problems or issues, but they would speak to the manager if they had any concerns. They also said things always got sorted if they had concerns about their care. We noted that there had been one complaint recorded in the last 12 months prior to the inspection and the complaint had been responded to appropriately and resolved in line with the timeframes set out in the provider's policy.

Good

Is the service well-led?

Our findings

The service had a registered manager. People and relatives knew who the manager was and felt that she was approachable. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely and effectively. People were complimentary of the care they received.

The manager promoted an 'open culture' within the service so that people or their relatives and staff could speak to them at any time. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations. Regular staff meetings had been held so that they could discuss issues relevant to their roles. Staff confirmed that they found the staff meetings helpful and supportive in that they were able to air their views on how the service was run.

Regular 'residents' meetings were held to discuss issue and to inform them of on future events. People and relatives spoke very positively about the management of the home and about the approachability and responsiveness of the manager and her staff. One person said, "They're with it". A relative said, "The manager and the deputy manager are both very approachable; they're easy to get hold of and they're very good at keeping in touch and informing you what's going on".

All staff without exception told us that staff morale was, "very good". They said their manager was available, visible and approachable.

We noted from the most recent questionnaire survey carried out in June 2015, the feedback had been positive except for some concerns relating to people clothes had gone missing while taken to the laundry for washing. The manager said that they had addressed these issues by ensuring that clothes were labelled securely.

The provider had effective systems in place to assess and monitor the quality of the care provided. The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. Other audits included checking how medicines were managed, health and safety and other environmental checks, staffing, and others. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

We noted that robust records were mainly kept in relation to people's care, and we saw that further guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The manager said that they were a learning service and were continuously seeking to improve the quality of service provision.

The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required.