

Longhurst Group Limited

Ashley Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ashley Court is a residential care home providing personal care for up to 15 people. The service provides support to adults with a physical disability. At the time of our inspection there were 14 people using the service. The care home is in a purpose-built facility within a housing association property. The service is also registered to provide personal care to people in their own home, however no one was receiving this service when we inspected.

People's experience of using this service and what we found

People had good relationships with the staff and felt supported to live their lives how they chose.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People knew what was recorded in their care plans and were happy they were accurate. Care plans contained all the information needed to ensure staff could provide safe care and risks to people were identified, and care was planned to keep people safe.

People were supported to access healthcare advice and support when they were unwell and to attend any appointments.

There were enough staff to meet people's needs safely and in a timely manner. The provider had completed pre-employment checks on staff to ensure they were honest and trustworthy. Training was provided to ensure staff had the skills needed to provide safe effective care to people.

Medicines were available to people when needed and stored safely.

Infection control processes were in place and the home was cleaned effectively to reduce the risk of infection. Some areas of the home were in need of modernisation and the maintenance and improvement plan took account of this.

Audits were in place to monitor the quality and safety of the care provided. In addition, the views of people living at the home and their relatives were used to drive improvements in the care provided. People were happy to raise concerns and were confident that the provider would take action to resolve any issues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 July 2019 and this is the first inspection.
The last rating for the service under the previous provider was good, published on 12 March 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashley Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Ashley court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashley court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home and we also telephoned two relatives to gather their views of the care provided. We also spoke with the deputy manager and two care workers.

We looked at three people's care plans and records relating to the administration of medicines. We also looked at records relating to the management of the service including personal records to ensure people had been recruited safely.

After the inspection

We reviewed the information the registered manager had sent to us.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "I feel safe, I have the key to my room."
- People had been safeguarded from abuse. The provider had ensured that staff had the skills and knowledge to keep people safe. Staff had received training in how to keep people safe from abuse. They were aware of how to raise concerns with the registered manager and how to escalate them to the provider if needed. Staff also knew how to raise concerns with external agencies.
- Action had been taken when concerns were identified. At one stage people raised concerns that staff were putting pressure on them to go to bed at a certain time. This was raised with the registered manager who took action to ensure staff respected people's choice of when to go to bed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified and care was planned to keep people safe. For example, care plans had identified when people were at risk of falling and needed aids to help them move around the home safely. Risks were reviewed on a monthly basis to ensure the care planned still reflected people's needs.
- People's level of risk when going out of the home was also assessed. Where needed action was taken to keep people safe while allowing them their freedom. For example, some people needed to be supported by staff when going shopping.

Staffing and recruitment

- There were enough staff available to meet people's needs. People told us they did not have to wait long for staff when they needed them. They said staff responded quickly to call bells.
- The provider had processes in place to assess people's needs and calculate how many staff were needed to care for people safely. The manager had completed this process on a monthly basis or when people moved into the home.
- Staff confirmed that the provider had followed safe recruitment processes. All the staff we spoke with confirmed that they had not been allowed to start work until they had received a disclosure and barring service (DBS) check. Staff had also had to bring in their certificates of learning to validate any training they had told the provider they had received.

Using medicines safely

- Medicines were stored safely. Medicines which needed to be kept cool were stored in the refrigerator. Systems were in place to monitor stock levels and expiry dates. This ensured people's medicines were effective and available when needed.
- Medicines were safely administered in line with people's prescriptions. The member of staff administering medicines stayed with people to ensure they took their medicines safely and had no difficulties. They took

time to ensure people were able to take their medicines in a calm and unrushed fashion.

- People were supported to manage their own medicines. One person explained how they had their medicines in their bedroom and staff provided the minimum support needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had systems in place to ensure people were able to meet their relatives in a way which protected them and others living in the home from the risks of infection.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19 at the time of inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

Staff support: induction, training, skills and experience

- Training supported staff to provide safe care. Staff told us and records confirmed they received the training they needed to meet people's needs in a person-centred way. One member of staff said, "We get training in everything and [registered manager] will prompt us if needed."
- The provider monitored staff training and prompted staff when training needed to be updated to ensure their skills followed the latest best practice guidance and legislation.
- New staff completed an induction to the home. This included completing all the training the provider required of new staff and working alongside experienced staff in the home so they could learn the homes preferred method of providing care.
- Staff received supervisions with the registered manager. This enabled them to raise any concerns they had. Staff were confident in raising concerns and were confident of the registered manager's ability to make positive changes in the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People's ability to eat safely and maintain a healthy weight was assessed. Where needed, advice was sought from healthcare professionals on how people's diets needed to be adapted to support them. Information was available in the kitchen to ensure the kitchen staff had all the information needed to provide appropriate drinks, meals and snacks for people.
- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person told us, "The food is lovely, you get a choice of food for the main meal."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that people had been supported to access healthcare whenever needed. For example, people had been referred to an occupational therapist when they needed aids to move safely around the home.

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

- Some areas of the home looked tired and in need of attention. For example, bathrooms were in need of refurbishment. In addition, the pathway around the home was not level and this impacted on people's mobility and restricted their ability to move around outside. The provider had refurbishment plans in place and all areas of concerns identified were included in the plans.
- Relatives told us they were happy with the environment. One relative said, "I have no issues with cleanliness, I also feel that it is lived in, it's not a show piece. They repair when necessary."

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

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not unlawfully restricted. People's ability to consent to living at the home was assessed and where necessary an application for a DoLS assessment was completed. There was no one at the home with any conditions on their DoLS.
- People's rights were maintained. Where people might lack capacity to make decisions about their care an MCA (2005) assessment was completed for each decision the person needed to make.
- Staff had received training in supporting people's rights and abilities to make choices about their lives. When a person was unable to make a decision, one was taken in their best interest. Best interest decisions had considered the views of family and healthcare professionals. Where people were unable to verbalise their own wishes, they were supported with a person who could speak on their behalf. This person was called an advocate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There were good relationships between people living at the home and staff. One person told us, "I love it, I really like it here. I get on well with everyone."
- People had been allocated a member of staff as their key worker to support them. Everyone knew who their key worker was and were happy and confident to talk about their needs with them.

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

- People were supported to make decisions about their everyday lives. For example, one person told us how they could decide when to get up. They told us, "Staff let you wake up in your own time, they are very understanding." Another person told us staff supported them to shower whenever they wanted.
- People had been supported to make decisions about the end of their lives. For example, one person explained how they had a funeral plan in place.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted as much as possible in line with people's abilities. For example, where people were able to, they were supported to do their own laundry.
- People were supported to decorate their rooms to their own design to promote their independence. For example, people's duvets were ones they had chosen and not communal.
- People were encouraged to plan for the future and make decisions about where they wanted to live. Plans were then put in place to identify what action was needed to support people to meet their goals. For example, one person told us how they were looking to move on from the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans reflected people's needs. They were reviewed and update twice a year or when there were big changes in people's needs. Staff told us they read the care plans to keep up to date with people's care needs.
- Staff were kept up to date about changes in people's needs. There was a handover of information when shifts changed and detailed information about people's needs was shared. For example, the outcome of concerns raised with healthcare professionals was shared.
- People and their relatives were aware of what was recorded in their care plans. One person told us, "If I want to see it I can ask, every six months it's changed and if there are any significant changes to my health I would raise it with staff." A relative told us, "I am happy that the care plans meet [my relative's] needs and I have a copy."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and respected. People's care plans contained information on what support they needed to access information, for example if they used glasses or hearing aids. Where people did use aids, staff ensured they were in working order.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were happy with the activities planned. People appreciated the ability to go out shopping and to go to local amenities like the library. They told us they were happy with the activities offered.
- People were supported to maintain social contact with friends and relatives. A relative explained how staff supported their loved one to go to the church near their parents' home. The relative felt the staff, "Have bent over backwards," to support this activity.
- Where able, people were supported to work. One person told us how they enjoyed their job.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when

they moved into the home and information was also on display in the home for people to access.

- Relatives told us that they were happy to raise concerns. One relative who had raised a concern said, "It was all sorted out and I got a complete apology."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind caring relationships with them.
- People we spoke with were positive about the care they and their relatives received.
- Everyone we spoke with was complementary about the manager. They felt they had been good for the home. The manager had been open and accessible to people living at the home and their relatives. Staff told us that the manager was approachable and that they had driven improvements in the care provided and the moral of the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had taken action to comply with the regulatory requirements. The provider had notified us about events which happened in the home.
- The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about people's care needs.
- There were effective audits in the home, this allowed the registered manager and provider to monitor the quality of care provided and to make improvements when needed.

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

- People and their relatives had been asked about their thoughts on the service. One relative told us, "I was on a panel that the registered manager got together to do a questionnaire for relatives." People were confident that action would be taken if things were not right. One person said, "We have a quality assurance survey, if the majority of people are saying the same thing, [registered manager] will adapt the process."
- Staff were kept up to date with changes in the home through team meetings and individual supervision meetings. Staff told us that they were happy to raise any concerns that they had and were aware of the provider's whistleblowing policy which enabled them to raise concerns anonymously.

Continuous learning and improving care; Working in partnership with others

- The manager had investigated accidents and incidents and had identified areas where improvements

could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.

- The manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.