Care Quality Commission

Roseberry Care Centres GB Limited

Ashlea Court 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

About the service
Ashlea Court Care Home is a residential home providing personal and nursing to up to 48 people. At the time of our inspection 38 people were using the service.

People's experience of using this service and what we found
People were safe at Ashlea Court Care Home. There were enough, safely recruited staff to meet people's needs and the home was clean and well maintained. Any risks associated with people's care were well managed. We found some errors in the recording of medicines given to people, although there was no evidence people had not received medicines they needed. The manager took robust action to address our findings immediately after the inspection.

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. We made a recommendation about checking to make sure all assessments of people's capacity were specific about what decision needed to be made.

People's diverse needs were assessed in detail and care was planned to meet these needs. People were able to make decisions about their care or received appropriate support when they could not. Staff had the training and support they needed, and ensured people got support from health and social care professionals when this was needed. People's wishes for their end of life care were discussed.

Staff were caring and understood people's needs. People and their relatives were able to contribute to care plans, however we made a recommendation about making evidencing people's views. . All people who used the service were able to participate in a variety of activities if they wished to do so. People who preferred to spend time in their rooms were not isolated. People enjoyed the meals served at the home.

People felt able to raise concerns about their care, and there were good processes in place to ensure complaints were fully investigated.

There was good leadership in the home, and people and staff were consulted and able to make suggestions. There was robust oversight of the quality of the service, and the provider had a good approach to ensuring improvements were made as a result of reviewing information about accidents and incidents.

Rating at last inspection
The last rating for this service was good (published June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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Ashlea Court Care Home

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector 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.

Service and service type
Ashlea Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post. They had applied to be registered with the Care Quality Commission. The provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before our inspection we reviewed all information we held about the home, including past inspection reports and information the provider is legally obliged to send us about accidents and incidents in the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted commissioners of the service to ask for any information they held about the service. We also asked Healthwatch for any feedback they could share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and three visiting relatives about their experience of care at Ashlea Court. We made observations in communal areas and spent time looking around all parts of the home. We spoke with the manager, deputy manager, operations manager and four members of staff. We looked at five people's care records, medicines administration records and other information relating to the running of the home.

After the inspection
We asked the manager to send us some additional information which helped support our judgements.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely
● Overall medicines were well managed. People told us they got good support with their medicines. One person said, "No problems with medicine. They check to make sure I have taken them."
● There was a robust monthly audit in place to check on medicines storage, administration and record keeping. Effective actions were put in place to address any issues found. The audit for January was due to be completed after our inspection.
● During our inspection we identified a number of errors in records relating to some people's medicines. Staff had not always recorded accurately when medicines were refused and disposed of. We discussed this with the manager and they agreed to carry out a full audit of medicines records earlier than planned. They shared the outcome with us after the inspection and told us about action they had taken to ensure improvements would be made.

Systems and processes to safeguard people from the risk of abuse
● There were systems in place to protect people. Incidents were reviewed and staff understood their responsibilities to report concerns, including to external bodies such as the local authority or CQC. There was training in place for staff to support this.
● People said they felt safe at Ashlea Court. A relative told us, "[Name of person] is now in a safe, warm and comfy environment."

Assessing risk, safety monitoring and management
● Risks associated with each person's care needs were assessed and managed well. People had plans which showed the level of risk and steps staff could to take to minimise the risk of harm.
● People had personalised plans to show the level of support they may need in case of an emergency such as a fire.

Staffing and recruitment
● People told us they thought there were enough staff, and our observations confirmed this. One person said, "They come when they're needed. They don't take too long to come."
● The service continued to use safe recruitment practices. This included requesting work references and conducting background checks on people's eligibility to work with vulnerable people.

Preventing and controlling infection
● People and their relatives said they were happy with the cleanliness of the home.
● Staff used protective equipment such as gloves and aprons when providing personal care.

● The home was clean and well maintained.

Learning lessons when things go wrong

●There were systems and processes in place to ensure lessons were learnt from incidents in the home. The manager reviewed records monthly to help identify any emerging trends or themes, and information was also reviewed by the provider at a regional level.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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
● Care plans were based on an assessment of people before they started using the service. These assessments were used as the basis for people's care plans, and covered information such as medical histories, preferences for care, and faith or spiritual needs important to the person.
●Care was planned with reference to current legislation and standards. This ensured the approach to care was effective, and people's rights were upheld.

Staff support: induction, training, skills and experience
● There was a formal induction programme in place for new staff, including regular monitoring of performance.
●Staff told us they had a good standard of formal and informal support to help them remain effective in their roles. People did not raise any concerns about the care staff provided. One person told us, "They know what they're doing."
● There was a training programme in place which ensured staff maintained their learning throughout their employment.

Supporting people to eat and drink enough to maintain a balanced diet
●People and relatives were complimentary about the meals served at the home. Comments included, "They go above and beyond with the food," and "If you don't want what they offer you can ask and they'll get you something else."
● Information about people's individual dietary needs was clearly displayed in the kitchen. This showed who needed adaptation in their meals, for example additional calories, a softer diet for people who had difficulties with swallowing and vegetarian meals for people who chose not to eat meat.
● People ate in a sociable environment and could chose to take meals in the living room or their private room as they wished. Staff took time to talk with people and gave discreet assistance to people who needed help with their meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported with their healthcare needs. Staff called GPs, district nurses and other healthcare professionals as needed, and kept records of the outcomes of any visit.
● People had care plans to show how their oral health needs would be met. Some people's relatives took them to see dentists they had used when they lived at home if they needed treatment. The manager told us they were trying to source a dentist who would visit the home.

● People's relatives were supported to accompany people to appointments if they wished. A relative told us, "The staff her do all the arrangements for us for [name of person]'s appointments. I like to go, so I come here early, and we wait for the transport. That's when staff make me a breakfast of toast and a hot drink."

Adapting service, design, decoration to meet people's needs
● There was some signage in place to help people navigate the home independently. Corridors were bright and handrails were in a highly contrasting colour to the walls to enable people to identify them easily.
● Pictorial menus were in use to help people understand the choices they were offered at meal times.
● People were able to access all areas of the home easily. There was an internal courtyard which enabled people to go outside independently and safely.

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 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.

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.
● There were assessments of people's capacity to make decisions, and where people needed additional support there were best interest decisions made on their behalf. Some care plans which had been in place for some time contained capacity assessments which were not decision specific.

We recommended the manager review all care plans to ensure there was a consistent approach to the assessment of people's capacity to make decisions.

● The provider recognised where DoLS were needed and made timely application for these. There was a system in place to ensure re-applications were submitted in good time.
●Conditions attached to the authorisation of any DoLS were tracked and monitored to ensure the manager could demonstrate they were complying. They provided the local authority with updates in relation to these.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us staff were kind and genuinely caring. Comments included, "They take very good care of me," and "I can have a bit of a laugh with them." A relative told us, "I am very fortunate to have found this place and have [name of person] here."
● People were supported by caring staff who regularly chatted with them and knew their diverse needs well. Relatives told us they thought staff genuinely cared for them as well as the people who used the service.
● People received warm encouragement from staff to maintain as much independence as possible, for example when mobilising or eating.
● Staff were respectful of people's privacy. They knocked on doors and waited to be invited into people's rooms and were discreet when discussing people's personal care needs.

Supporting people to express their views and be involved in making decisions about their care
●Care plans contained detail about people's preferences, likes and dislikes gained from getting to know people and their wishes well. People or their advocates signed forms to show they agreed with and consented to receiving the care as described.
● A relative told us, "I think they know [name of person]'s needs completely."
● Some people told us they knew they had a care plan but were not interested in contributing to it. Other people lacked awareness of what a care plan was or why they would want to read it. One relative we spoke with told us they and the person were very involved in writing and reviewing the care plans.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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
● Relatives we spoke with told us they were involved in the processes of keeping care plans up to date. One relative said, "We have talked to the staff about [name of person]'s care plan and we have made comments on it." Although care plans captured individual detail about people's needs, comments from people and their relatives were not always formally recorded.

We recommended the provider review how they captured and recorded feedback from people and their families when care plans were reviewed.

● Care plans reflected people's current needs and choices.
● Staff we spoke with understood people's current needs, how best to support people and how people liked to spend their time.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● There was no one using the service who had asked for or needed a care plan in an adapted format.
● The manager told us they could request re-formatted care plans from the provider, for example in large print to enable people with visual impairments to read them more easily.

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
● There were a variety of activities for people to take part in at the home, including trips into the community. The home had its own adapted transport to enable people who used wheelchairs to take part in trips. During our inspection two groups of people were taken out for refreshment, some people decided to paint and others made their own choices about how they spent their time.
● People who chose to spend time in their own rooms said staff regularly visited them to chat or tell them about activities on offer that day.
● Relatives said they observed regular activities taking place and said staff were skilled at encouraging people to join in.

Improving care quality in response to complaints or concerns

● There were robust processes in place to ensure complaints and concerns were responded to in full.
● People we spoke with said they would raise any concerns with the manager without hesitation, and trusted them to resolve the issues quickly.

End of life care and support
● People were asked if they wished to discuss their wishes for their end of life care. When people participated in these conversations a care plan was written to ensure people's wishes and preferences were known and respected.
● Staff had training in meeting people's needs during end of life care.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People received care tailored to meet their needs, and health professionals were involved when needed. One relative said, "It's extremely well run; it all comes from the top."
● There were good outcomes for people using the service. We saw examples which included improving mobility and helping people recover their pride in their appearance.
● People said they felt listened to and were invited to take part in meetings and surveys to enable them to share their feedback.
● Staff said there was a very good working culture in the home and told us the manager demonstrated strong leadership skills. Staff we spoke with said the manager worked alongside them when necessary and was open to suggestions about improvements.

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
● Relatives we spoke with said staff contacted them to let them know if people were ill or had been involved in an incident such as a fall.
● Care plans contained records which showed there was open and timely communication with relatives when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● There were good systems in place to measure, monitor and improve quality in the home. Checks were made to ensure any shortfalls were identified and action taken to make the required improvements.
● Information was sent from the home to the provider as a further layer of checking. The provider also carried out their own monitoring of the service to help the manager maintain the quality of care.
● Some incidents in the home require CQC and the local authority safeguarding team to be made aware, and these reports were being made as needed.

Continuous learning and improving care; Working in partnership with others
● There were systems in place to ensure learning took place following incidents in the home. For example, falls were reviewed each month to help if there were particular locations or times when people had fallen to help understand if there were trends which could be addressed.

- Analysis also took place at regional level, with lessons learnt in other homes run by the provider shared with all managers.
- There was good partnership working with health and social care professionals to ensure people received a good quality of care. A relative told us, "Here they all care so much."