

Asher Care Ltd

Asher Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Asher Care is a residential care home providing personal care to up to 25 people. The service provides support to both adults and older people with mental health needs, including dementia. At the time of our inspection there were 23 people using the service.

People's experience of the service and what we found:

People were safeguarded from abuse and avoidable harm. People told us they felt safe and felt comfortable raising any concerns they had with staff. One person said, "I'm very happy here. I get on well with other people, I go out when I want to, and I feel safe". The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Each person had personalised assessments that considered their individual risks and circumstances, and medicines were well managed.

There were enough staff to meet people's needs and staff had the skills and knowledge to support people safely. One relative told us, "There seemed to be enough staff. It is very good. From the very first visit, I could tell they were not just at work – it seemed a proper team feel and they were all very friendly and relaxed towards the residents". People were protected from the risk of infection and were able to receive visitors in line with best practice guidance. The provider was working in line with the Mental Capacity Act.

There was an open and positive culture at the service. People were supported in a person-centred way, which supported them to achieve good outcomes. Quality assurance systems ensured the registered manager had oversight of the delivery of care and identified any areas for improvement. Feedback was sought from people, relatives and staff in order to engage them and improve the service. One member of staff said, "I can confidently say that I have never felt more comfortable in a working environment than I have here. The management team are always there if you need them." We received positive feedback from health professionals.

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

Rating at last inspection

The last rating for this service was Good (published September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Asher Care on our website at www.cqc.org.uk.

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.

Is the service well-led?

Good ●

The service was well led.

Asher Care

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.

Inspection team

The inspection team consisted of one inspector and an assistant inspector.

Service and service type

Asher Care 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. Asher Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information held in our system and notifications we had received since our last inspection. 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 reviewed 3 people's care records and looked at records relating to medicines management, recruitment, safety of premises and equipment, and quality assurance. We spoke with 3 people and 6 staff at the service, including the registered manager. We observed interactions between staff and people within communal areas. We contacted 6 professionals by email and received feedback from 2. We also received further feedback from 4 members of staff and 2 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

People told us they felt safe and felt comfortable raising any concerns they had with staff. One person said, "I'm very happy here. I get on well with other people, I go out when I want to, and I feel safe".

Staff had completed safeguarding training, and demonstrated they understood how to keep people safe.

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

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

People had personalised assessments that considered their individual risks and circumstances.

People were supported to take positive risks, and to live as independently as possible whilst still remaining safe. For example, people were supported to make hot drinks and food. One health professional said, "They [staff] seem to manage risk and have a fairly good grasp on 'positive' risk taking".

Systems were in place to ensure the premises was safe. For example, there were regular fire alarm tests and equipment checks. People had personalised evacuation plans.

The provider learned lessons when things had gone wrong.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

One relative told us, "There seemed to be enough staff. It is very good. From the very first visit, I could tell they were not just at work – it seemed a proper team feel and they were all very friendly and relaxed towards the residents". Another relative said, "I never see people being rushed or call bells ringing".

Staff had the skills and knowledge to support people safely. One staff member said, "Since starting at Asher Care I have attended numerous staff training sessions as well as staff meetings. These have covered a range of different topics such as mental health training, health and safety, fire training, and safeguarding training to name a few. All staff training sessions are extremely thorough, I always leave feeling as though I have taken valuable knowledge away with me that I can implement into my job to better care for our clients."

Using medicines safely

People were supported to receive their medicines safely.

Each person had a medicines risk assessment, and people who wanted to manage their medicines themselves were supported to do so safely. The electronic medicines system supported managers to identify any issues promptly. For example, by alerting staff to a missed dose.

Continuous stock checks were completed by staff who double checked the electronic system records to the physical stock count.

Systems were in place to check medicines records periodically to identify any areas for improvement. A health professional told us, "The staff always ask about side effects and what to look out for, in terms of administration they understand the principles needed when considering the possibility of covert medications".

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

Mental capacity assessments were completed where required, and DoLS applications had been made where appropriate.

Assessments considered each specific restriction, and why it was necessary for the individual. People were supported in the least restrictive way.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

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 our last inspection we rated this key question Good. At this inspection the rating has remained 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

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

People were supported to spend time in the way they wanted to and were supported to go out on a regular basis. We saw people enjoyed socialising as a group.

One person had their own pet in a hutch in the garden and enjoyed caring for them. Another person had their own cat, and a third person enjoyed spending their time painting and had displayed their works in their living area.

A vegetable garden had been created outside, where people could work together to grow vegetables, supported by staff.

We received positive feedback about the culture of the service from staff. One said, "I can confidently say that I have never felt more comfortable in a working environment than I have here. There has never been a moment in my employment at Asher Care that I have felt unsafe or unappreciated. The management team are always there if you need them."

A second staff member said, "Management at Asher Care definitely encourages an open and transparent culture. The registered manager has an open door policy, actively encourages staff to report concerns and is always responsive to suggestions or ideas".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

Quality assurance systems ensured the registered manager had oversight of the delivery of care and identified any areas for improvement.

The provider and registered manager held monthly meetings focusing on how the safety and effectiveness of the service met regulatory expectations. The provider also completed routine and ad-hoc visits to the service.

The registered manager sought peer support from other local managers, and took advantage of support offered by the local authority where appropriate.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

Feedback was sought from people, relatives and staff in order to engage them and improve the service.

13 surveys were sent to relatives in December 2022 and 10 were returned. The summary of responses said, 'All relatives stated they were happy with how approachable the staff and management were and they felt their relative was safe at Asher Care. Relatives were happy with communication between staff and themselves and commented how quickly they were updated with any changes to their relative. Relatives also said any issues had been dealt with in a timely manner'.

Comments from relatives included, "Your staff were all without exception wonderful, both to me but more importantly Dad". And, "You have a team to be proud of and they deserve high praise".

Feedback surveys were completed by 25 staff in June 2023. Staff feedback was very positive, saying they felt well supported by management. Managers held regular staff meetings. One staff member said, "Staff are able to discuss current practice and people's care any time they feel the need to by talking to seniors or management in daily handover sessions, anytime during the course of a shift or in regular supervisions or staff meetings".

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

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 understood their responsibilities under the duty of candour.

Working in partnership with others

The provider worked in partnership with others.

We received positive feedback from health professionals. One said, "Families of the clients I have placed there have been full of praise. Asher Care treat people as individuals and tailor their care plans to suit. The phone is always picked up and staff seem to have comprehensive knowledge of the residents".