

HC-One Limited

Ash 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

Ash Court is a residential care service that provides accommodation and personal care for up to 42 people. It accommodates people across 2 floors, each of which has separate facilities. At the time of our inspection, there were 40 people living at the home.

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

Staff were recruited and selected safely, and medicines were appropriately managed. Incidents and accidents were appropriately recorded and analysed for patterns and trends. Risks to people's health and well-being were assessed and reviewed appropriately. Staff could clearly describe the course of action they would take if they felt someone was being harmed or abused. Safety checks on the environment were in place and robust. Everyone we spoke with said they felt safe living at the home. There were enough staff to ensure people were kept safe, and call bells were answered in a timely manner.

Staff were appropriately trained and supervised to enable them to carry out their roles. People were supported to have maximum choice and control over 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 were supported to eat a balanced diet. We received positive feedback regarding the food.

People said the staff were kind and caring, and we observed warm and familiar caring interactions between staff and people throughout the duration of our inspection. People said staff were "100 out of 100", "kind" and "patient". We heard staff asking people if they wanted or needed any help or support during our inspection. People were very at home in the service and their dignity was promoted well.

People and relatives told us how they were supported by staff to follow their interests and engage in relevant and meaningful activities which gave them purpose. There was particular emphasis on tasks people could do for themselves, such as washing, dressing and choosing what they wore, how they spent their day, and what time they wanted to get up and go to bed.

There was a complaints policy in place, which was made available in different formats to support people's understanding. We reviewed some recent complaints and saw they had been responded to in line with policy and procedure. Care plans were person centered and reviewed regularly to ensure any changing needs were taken into account.

Staff told us they enjoyed working at the home, and they felt they could approach the registered manager to help them develop further in their roles or if they had any concerns. The registered manager was well known. Staff told us the registered manager led by example and had 'worked hard'. The registered manager welcomed feedback and was responsive. All notifications had been sent to the CQC, and the registered manager understood what was expected of them.

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 the service under the previous provider was good (published on 18 July 2018).

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.

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?

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 ●

Ash Court Care Home

Detailed findings

Background to this 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 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 carried out by 1 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

Ash Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Ash Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 November 2023 when we visited the home unannounced on the first day and ended on 22 November 2023 when we attended the home for second day which was announced.

What we did before the 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 staff including the registered manager, area director and other support staff and senior managers.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 rating for the service under the new provider. We have rated this domain 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.
- There was a policy in place for staff to follow, and all staff had been trained in safeguarding.
- The staff we spoke with described the course of action they would take if they felt anyone was being harmed or abused.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were detailed and were reviewed every month or when someone's needs changed.
- There was an incident and accident log in place and this was being reviewed regularly for patterns and trends.
- Everyone we spoke with said they felt safe at the home. Comments included, "I feel safe here as I never felt safe when I was living alone in my own home." A relative told us, "My [family member] was having lots of falls. The staff have put lots of measures in place to limit them falling and hurting themselves, such as pressure mats."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Rotas showed, there was enough staff on shift. People we spoke with also confirmed there was enough staff. One person's relative said, "Plenty of staff about. They also know the family well and always make us feel welcome when we visit."

Using medicines safely

- People were supported to receive their medicines safely.
- Medication was stored safely, and only administered by staff who had undergone additional training and had their competencies assessed.
- Temperatures were taken in in the medicine room and the dedicated medicine fridge to ensure they were within the correct ranges.
 - Where people required medication as and when required, often referred to as PRN, there was a separate protocol in place for this.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and

control practices.

- There was a good stock of PPE available at the home for staff to use if required.
- All of areas of the home were clean and well maintained, however some areas were in need of modernisation. The registered manager informed us there was an improvement plan in place to address these areas of the home.

Visiting in Care Homes

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

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had made changes in care provision when they had identified shortfalls in care. For example, there was a 'you said, we did' board in place to improve the providers response to suggestions and communication.

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 rating for the service under the new provider. We have rated this domain 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 and care and support was delivered in line with current standards to achieve effective outcomes
- There was pre-assessment information available in care plans which clearly showed what type of support and routines people wanted.
- Some people had been supported to move to Ash Court from another care home and we saw their risks had been re-assessed prior to moving.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- All staff we spoke with told us they had been trained and inducted into the role. The training matrix confirmed all mandatory training had taken place.
- Additional training took place for senior care staff responsible for administering medicines.
- Staff were supervised and appraised in line with the providers policy and procedure.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- There was a weekly menu in place which offered a choice of dishes each day.
- Information regarding people's special diets and food preferences were communicated with the kitchen staff to ensure people were served food they enjoyed.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to live healthier lives, access healthcare services and support
- There was a log of professional visits recorded for each person, which showed staff were responsive in contacting other agencies for advice and support when needed.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- Most of the areas in the home were clean and nicely decorated and incorporated directional signage to enable people living with dementia orientate their way around.

- Some of the communal areas and décor was tired and worn in places. We fed this back to the area director, who informed us the home was subject to a redecoration plan

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.
- There was a Dols tracker in place to ensure any DoLS were being reviewed before they lapsed and any conditions on people DoLS were being adhered to.
- Capacity assessments had taken place where needed, and when a best interest decision was needed this was done in consultation with the person, their relatives and other medical professionals.

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 rating for the service under the new provider. We have rated this domain Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported.
- Everyone we spoke with told us the staff treated them well. Comments included, "The care you get from the staff is 100 out of 100. They listen to you which is the most important thing, and they are very patient with everyone." Another person said, "The staff are very good; they come and have a chat and are friendly and kind."
- Care plans were written in a respectful manner which focused on the needs of the person first, such as what time they chose get up, how they liked to sleep, and what clothes they liked to wear.

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

- People were supported to express their views and make decisions about their care.
- Care plans we viewed evidenced they had been completed with the involvement of either the person themselves or their family member.
- We heard and observed staff asking people what they would like to do, encourage them to take part in activities and also ask them what they would like for lunch, or if they wanted drinks, snacks and anything else throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff knocked before entering bedrooms and asked for permission to enter rooms.
- People were supported to remain independent wherever possible. Equipment was available to aid independence, such as stand aids and walking sticks.
- People appeared well cared for, their clothes were clean and staff discretely assisted people with some aspects of care.

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 service under the new provider. 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

- People had personalised care plans in place to ensure their needs were met in the way they chose.
- Care plans contained relevant information regarding people's likes and choices. For example, we saw records stating what was important to people. One person enjoyed having some of their meals in bed, however they required staff to cut up their food into smaller pieces so they could manage this.
- People who had specific needs such as diabetes, had separate care plans and risks assessments to ensure staff knew how to meet their needs and support them effectively.

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.

- Information was available in different formats to help support people's understanding.

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

- Staff willingly supported events within the home. People were encouraged to have visitors.
- People told us they had been supported to maintain contact with their families using video calls when visiting restrictions were in place due to COVID-19.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the home and people told us they understood how to make a complaint.
- Any formal complaints had been responded to in line with agreed procedures, and people we spoke with told us they would inform the manager if they had any concerns.

End of life care and support

- People were supported to make decisions around their last days and how they wished to be supported.
- Where appropriate, funeral plans had been discussed with people, including what specific arrangements they wanted to have in place.

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 service under the new provider. 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.

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

- The registered manager was transparent in their role. They were well supported by the area manager and a senior quality team.
- The registered manager attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service.
- The registered manager had informed the CQC of notifiable events and understood their role with regards to this.

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

- People who used the service were continuously involved and had a say in the vision of the organisation; this was captured in a 'you said we did' exercise.
- Everyone knew who the registered manager was and understood the support structure within the home.
- Survey results from last year which were positive were shared with people in different formats and any opportunity for improvement was discussed.
- There was an emphasis on community involvement. We saw how the registered manager was in the process of engaging with local schools to encourage visits to the home.
- Staff told us they felt happy and empowered to come forward with ideas because the registered manager had worked hard to get the home to a good standard.

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

- We continuously saw how the registered manager led by example.
- Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others, taking a multi-disciplinary approach, to ensure people got the best possible support.
- Staff shared examples with us of how the registered manager had supported them in their roles and in their personal life.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a positive attitude regarding feedback and improvement.

- The home was subject to in depth checks and evaluation using a robust quality assurance framework. Following quality assurance visits, comprehensive action plans were submitted, and actions were delegated for completion.
- Professionals were consulted when needed and their expertise were well received by the registered manager.