

Restful Homes (Sutton Coldfield) LTD

# Asprey Court Care Home

## Inspection report

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Date of inspection visit:

30 November 2023

04 December 2023

Date of publication:

12 February 2024

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Asprey Court is a residential care home providing personal and nursing care to up to 86 people. The service provides support to people with nursing needs, mental health needs and people living with dementia. At the time of our inspection there were 83 people using the service. The home is purpose built and supports people over 4 floors.

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

Additional information was needed on some people's care plans in relation to risk management, and some environmental risks were also identified. Staff understood people's risks, and the provider took immediate action on the issues raised.

People were protected from the risk of abuse. Staff knew how to identify possible signs of abuse and how to escalate concerns. People received their medicines as prescribed. There were enough staff to support people safely and respond to their needs. Staff had been safely recruited. Where things went wrong action was taken to reduce the risk of reoccurrence and learn for the future.

People's needs had been assessed and care plans contained details of their wishes and preferences. Staff knew people's needs and understood their likes and dislikes. Staff had received training and felt supported by the management team. People received enough to eat and drink. Dietary needs were known by staff, so people could receive appropriate support. People's health needs were managed with the support of external agencies.

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.

There were a variety of systems in place to monitor and assess the care provided. Where areas for action were identified during the inspection, the provider took immediate action. There was a positive culture and a commitment to continuous learning and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for the service was Good (published on 31 January 2022).

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident.

### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Asprey 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 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 conducted by 1 inspector and a specialist nurse advisor.

#### Service and service type

Asprey 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. Asprey 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.

#### 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. However, they were on leave and not present during the inspection. The nominated individual and provider were present.

#### Notice of inspection

This inspection was unannounced.

### What we did before the 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 7 people who used the service and 8 relatives about their experience of the care provided. Five health and social care professional also shared their feedback with us. We also spoke with 10 staff members including care staff, unit leaders and nursing staff. We also spoke with the director of operations, regional quality nurse and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 6 people's care records, 4 people's medicines administration records and governance and quality assurance records. We also looked at 4 staff recruitment files.

# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments in place identified potential risks to people's safety.
- We discussed where there was a risk of self-harm for some people, additional information was needed, so the escalation process was clear. We also discussed some reviews of risk management plans required additional information, so it was clear any further preventive measures had been considered. These were actioned during the inspection.
- We observed some potential environmental risks on the day. This included an unlocked sluice door, a torn crash mat and a damaged piece of furniture. Immediate action was taken on the day to remove the risks and we saw regular checks of the environment were in place. The provider had plans in place to replace furniture items.
- Staff understood people's risks and told us they were kept up to date with changes in people's needs. Staff were clear of the protocols to follow in the event of an accident, incident or a person becoming unwell.
- Arrangements were in place to manage fire safety. There was a fire risk assessment and staff had completed fire safety training and fire drills took place. People had emergency evacuation plans in place to guide staff on how to support them in the event of a fire.

### Preventing and controlling infection

- Some items of furniture were to be replaced because of wear and tear and cleaning had become difficult. The provider had identified this and was waiting on a delivery of replacement furniture from a specialist manufacture.
- We observed hand washing for people prior to meal times, was not consistent. This was addressed immediately and this was part of the providers regular checks and audits.
- The home environment was clean and hygienic, staff had access to personal protective equipment (PPE) and there were policies in place to guide staff and manage outbreaks.

### Staffing and recruitment

- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us there were enough staff. One relative said, "The staff are very busy, but there is always someone about, there is always a staff member present in the lounge area."

- We observed staffing levels throughout the day across all areas of the home. There were enough staff to support people safely.

#### Using medicines safely

- At our last inspection we found some areas of medicine management required improvement. This included some protocols for 'as required' medicines were needed, and improvement to the recording of time critical information. These improvements were actioned.
- At this inspection people received their medicines as prescribed. We observed people being supported to take their medicines safely.
- Procedures for the safe management of medicines and systems to ensure the administration, storage and disposal of medicines were in place.

#### Systems and processes to safeguard people from the risk of abuse

- There were a few safeguarding investigations still in progress and the outcomes of these were not known.
- People and their relatives told us they felt safe living at Asprey Court. One person told us, " Yes I do feel safe. I can speak with the staff if I need to. A relative told us, " Yes they are safe and they would tell me if there was something they were not happy about."
- Staff had received training in safeguarding and knew how to identify signs of possible abuse and how to escalate any concerns. The provider understood their responsibilities in relation to keeping people safe. Where safeguarding incidents had occurred, they had made appropriate referrals to local authority safeguarding teams and had notified us, as required by law.

#### Visiting in care homes

The provider was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Visitors could access the home freely.

#### Learning lessons when things go wrong

- Systems were in place to ensure learning for the future happened following incidents and events. Accidents and incidents were reviewed to ensure the action taken was appropriate.



# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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 home so their care could be planned based on their needs, wishes and choices. One person's pre-admission assessment required clearer information in relation to known risks. However, the relevant care plans in relation to the risk were in place.
- Relatives told us they were involved in their family member's care planning where appropriate. A relative said, " I feel very involved with their care."

Staff support: induction, training, skills and experience

- Staff received training relevant for their role. A staff member told us, " The training is very good, I feel very well supported and we are encouraged to develop our skills and knowledge and progress in our role. The management team are really supportive and we can approach them for help and advice."
- People and relatives spoke positively about staff skills and knowledge. A relative told us, " The staff are really very good, they know and understand ( persons name). They are patient and kind." Another relative told us they were very happy with their relatives care and there were some exceptional staff. However, they felt some standards had slipped a little in recent months. The provider agreed to follow up on this, with the relative concerned.
- Staff received an induction and on-going training and support which helped them carry out their roles effectively. A staff member told us, " It's excellent here, I am really enjoying it so far and feel well supported."

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

- We observed lunchtime in various areas of the home. We saw some units were more organised and made the mealtime a more enjoyable experience, however this was not consistent on all 4 units. The provider told us regular audits were conducted to identify any concerns and improve people's lunchtime experience and they would follow up immediately on our feedback.
- People received support to ensure they received enough to eat and drink. People were supported with snacks and drinks and at mealtimes staff understood their dietary requirements. Feedback about the food provided was positive. A person told us, " It's very nice and I can choose what I would like to eat."
- Where people had specific dietary needs, staff were aware, and people received food and drink that was safe and met their needs.

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

- Staff worked with healthcare professionals to ensure people's health needs were met. Where changes in people's needs had been identified, referrals were made to relevant healthcare professionals. These

included referrals to GP's and speech and language therapists.

- A visiting healthcare professional told us they felt people's health needs were well managed.
- Staff told us they were kept up to date with changes in people's needs and communication systems were effective.

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

- The home was purpose built and there was a number of communal areas for people to enjoy.
- People's individual rooms were well designed and spacious and had en-suite facilities and small kitchenette where people or their relatives could make drinks and snacks.
- Where agreed, acoustic technology was used to monitor people. This meant people were not disturbed by physical safety checks.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for their consent before care was provided.
- The provider worked within principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions on DoLS authorisations had been incorporated into their care plans.

# 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.

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

- There was a system in place to monitor and assess the care provided and areas for improvement were identified and acted on.
- Areas identified for improvement during this inspection were either already identified by the provider and work was in progress, or the provider acted on our feedback immediately during the inspection.
- Systems were in place to continuously review people's clinical care needs so prompt action could be taken when required.
- The provider had a team of senior managers who provided oversight and support, and additional support was in place from this team when the inspection took place.
- The provider understood when things went wrong it was their legal responsibility to be open and honest. Statutory notifications were sent to the Care Quality Commission, as legally required.

Continuous learning and improving care;

- The provider responded positively to the inspection and took immediate action where they could on issues identified during the inspection. They told us additional oversight of the 4 units would be instigated to ensure good practice was consistent across all units.
- Some people's documentation needed strengthening of information in relation to known risks, this was actioned during the inspection. In addition, some minor medicine recordings were discussed. This included information about distraction techniques on a person's PRN protocol. In line with good practice guidelines, the provider implemented improved recordings for medicines applied to the skin, via a patch.
- The provider also revisited their mealtime audit and identified some additional areas for improvement and these were acted on between day 1 and day 2 of the inspection.
- The registered manager had been presented with a Black Country Excellence in Care Awards, for registered home manager 2023.
- Asprey Court won the West Midlands Care Association. 'Seasonal Decoration Competition', which was a huge project that involved the residents with lots of arts and crafts.

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

- The registered manager and provider had instilled a positive culture within the home.

- During the inspection we observed staff working professionally and collaboratively with one another. Staff knew the needs of the people they were supporting. A professional told us staff knew people's needs and there were always staff available to discuss the person's care.
- Staff told us they felt supported in their role. A staff member said, "It is a good place to work." Another staff member told us, " We get the training and support to do our job well."
- Most relatives spoke positively about people's care. A relative told us, " I really am very happy with all aspects of [person's name] care. What is so lovely is how welcome I am made to feel by the staff when I visit." Another relative told us, "Staff are professional and approachable in the way they care for [person's name]." Two relatives did raise with us specific issues about their family members care. The provider followed up on these issues directly with the family members concerned.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The registered manager and staff team worked alongside other professionals to ensure people's needs were met. This included referring people for support from GP's, speech and language therapists, and dieticians.