

Healthcare Homes (LSC) Limited

Ashley Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashley Court is a care home registered to provide personal and nursing care to 60 older people. There were 59 people receiving care and support at the time of the inspection many of whom were living with dementia.

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

People were safe living at Ashley Court. The home had made improvements since our last inspection which had been embedded into daily practice. This included improvements to recruitment practices, medicines management and the management oversight within the home.

Staff knew how to keep people safe and who to report to if they had concerns. There was confidence in the registered manager that they would take any concerns seriously and act upon them. There was enough staff on duty, and they had been recruited safely and had the necessary skills and training to support people.

People's risks had been assessed and this included risks around the home, these were regularly updated. Medicines were managed safely and staff responsible for giving medicines had their competency assessed. The home worked well with health and social care professionals when needed. Infection prevention and control procedures were robust, and the latest government guidance was followed regarding COVID-19. Lessons were learnt and shared amongst the team, with a chance to reflect on practice.

People had care plans and assessments in place and the registered manager created a plan to ensure all documentation relating to the person was personalised. People knew how to make a complaint and records showed they had been dealt with in line with the providers policy. 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 had access to a range of activities and additions to this were ongoing.

Improvements had been made to the governance systems. There was a range of audits which checked, monitored and improved practices within the home. Staff were proud to work at Ashley Court and had confidence in their colleagues, they told us people living at the home were their priority. People, their relatives and staff told us they had confidence in the management of the home. Ashley Court worked to gain the views of the people living there and their relatives in order to make improvements.

The registered manager and staff understood their role within Ashley Court. The registered manager told us they were open and transparent, and records supported this. Where necessary referrals had been made to external agencies including CQC.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

At our last inspection breaches of legal requirements were found. The provider completed an action plan to show what they would do and by when to improve their staff and recruitment processes and good governance. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the caring key questions. We therefore did not inspect it. The rating from the previous comprehensive inspection for the effective and caring key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 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 ●

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 Care Act 2014.

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 two inspectors.

Service and service type

Ashley 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.

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 safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the regional director, registered manager, operations manager, deputy manager, senior care workers, care workers and activities staff. We made observations throughout the day noting interactions between people and staff.

We reviewed a range of records. This included six people's care records and six medication records. We looked at two 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. We looked at training data and quality assurance records. We received feedback from two professionals who work with the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure that people were protected from the risks associated with unsafe recruitment practices. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made and the provider is no longer in breach of regulation 19.

- Improvements had been made and recruitment procedures were robust. Checks made demonstrated that staff had the skills, knowledge and character needed to care for people.
- Staff files contained records of appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
- Registered nurses' Personal Identification Numbers (PIN) were kept under regular review to ensure they were up to date and could continue to practice. Nursing staff were aware of their responsibilities to revalidate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

At our last inspection we made a recommendation to the provider that they ensure the review staffing levels to ensure there are sufficient numbers of suitable staff to support people to stay safe and meet their needs. At this inspection we found that improvements had been made.

- There was enough staff on duty. People, their relatives and professionals told us staff were available when they needed them. Staff were allocated to different parts of the home. The registered manager kept staffing numbers under constant review.

Using medicines safely

At our last inspection we made a recommendation to the provider that they ensure all staff are appropriately trained and have their competency assessed before they administer medicines to people. At this inspection we found that improvements had been made.

- Medicines were managed safely. The home has robust procedures in place to ensure the safe ordering, storage, administration and disposal of medicines. Staff who were responsible for the administration of medicines had their competency assessed regularly and records were in place.
- Medicines administration records were in place for each person and completed correctly. A relative told

us, "The nurses are on the ball with the medicines, they recognised that medicines [name] have to be given at the right time." Each person had an identification page with their photograph, date of birth, medical details and known allergies.

- Records showed that medicines were stored at the correct temperatures. Medical equipment had regular servicing and maintenance.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs of abuse and concern and who they would report them to both internally and externally. There were posters displayed around the home giving the telephone numbers of the local safeguarding team.
- The registered manager told us that any safeguarding concerns were discussed with the team. These were communicated in many ways including at the daily heads of department meetings. The registered manager walked the building each day and staff told us they were visible in the home. Staff were confident that the registered manager would deal with any concerns raised.
- Records showed that safeguarding concerns had been dealt with appropriately and referrals had been made to the local authority when necessary. The registered manager felt comfortable seeking their advice when needed.
- People, their relatives and staff told us that Ashley Court was a safe place to be. During the day we engaged with people who told us they were happy and content. One person gave a big thumbs up and smiled when we asked if they were happy.

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

- Risk assessments were in place for people for all their care, nursing and support needs. There were general risk assessments for the home, this included risks resulting directly from COVID-19.
- Risk assessments were updated monthly during a resident of the day process. Information was added to the assessment as new information was known about the person; this was then updated on the master document.
- Staff had good knowledge of people's risks and we observed many safe practices including where equipment was used to support someone to move around the home.
- Learning was shared through daily handovers and individual meetings held daily, weekly and monthly. Where appropriate staff completed a reflection of the incident or event which enabled them to examine what happened and see how they could have improved the outcome. Reflections were also shared by the provider across their locations.
- Accidents and incidents were recorded and analysed by the registered manager to identify trends and improve outcomes for people. The analysis enabled the registered manager to check correct procedures were followed and the appropriate notifications and referrals had been made.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 requires improvement. At this inspection this key question has now improved to 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; End of life care and support

- People had individual plans in place for their care and support needs. People and families had been involved in their creation. However, some records of people's care were not always personalised to them. We raised this with the registered manager and they immediately put a plan in place to address and improve the process.
- Clear guidance was in place for staff detailing people's needs and what they needed to do to support the person and achieve the best outcome for them. Staff told us they knew people well.
- The home had a resident of the day process in place. This meant that one day, each month the focus was on that person, checking their records and plans and contacting their relatives. Staff told us this worked well and was an opportunity to find out more about the person.
- People's end of life wishes had been explored and recorded. The registered manager and regional director told us that they continued to have these conversations with people and their families, and this was ongoing.
- Ashley Court had received compliments about its end of life care. We read, "Our loved one [name] was looked after so well by the nurses and care staff who worked so hard to make their end as comfortable as possible."

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 had access to a range of activities. These were both group and individual. The activity programme had been affected by the restrictions brought on by the COVID-19 pandemic. The registered manager told us they had started to have external performers back into the outside grounds of the home.
- Activity staff worked from Monday to Friday and the registered manager told us they were recruiting activity staff to include weekends to ensure people always had a wider choice. They told us they would continue with improving the availability and variety of activities offered.
- Staff told us they work with people to find out their hobbies and passions and try and incorporate those into their weekly activities. There was a basic weekly activity plan in place, but the registered manager told us that throughout the week there is additional events such as special occasions and birthdays.

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.

- People's communication needs were detailed in their individual care plans. These needs were shared with other professionals when needed and records showed referrals had been made in relation to sight and hearing. Staff supported people and met their communication needs.

Improving care quality in response to complaints or concerns

- Ashley Court had a complaints policy and procedure in place. Guidance on how to make a complaint and raise a concern was displayed around the home.
- People and their relatives knew how to make a complaint and felt comfortable speaking to the registered manager if they had a concern. A relative said, "I have never had any complaints but if I did, I would speak to the manager."
- Records showed that complaint had been dealt with in line with the providers policy. Complaint handling had additional scrutiny at a provider level to ensure they process was followed correctly.

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 requires improvement. At this inspection this key question has now improved to 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance systems operated effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made with the monitoring and quality assurance processes within the home. In addition, provider oversight of the home had been strengthened to ensure compliance. These improvements had been sustained and embedded into practice.
- A range of audits were completed both weekly and monthly. The audits fed into one overall service action plan. The audits included; medicines, infection prevention and control, mealtimes and care records.
- The registered manager told us it was important to continually review and reflect on the care that is given at Ashley Court. Weekly practice reviews were held by the nursing staff to ensure people's clinical needs were being met, this included, wound care, food, fluids and Diabetes care.

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

- Staff told us they felt appreciate and involved in the home. There was an employee of the month award. Staff could vote for their colleagues once a month to be included in this staff recognition scheme.
- Staff told us they were proud and happy to work at Ashley Court. They felt supported and were complimentary about their colleagues. Some comments we received were; "The care home is a lovely place to work and all the staff are hardworking, caring and reliable", "This is one of the best care services that I have worked for. They care about their residents", "We work well as a very good team."
- We received positive feedback about the management of the home. Some of the comments were; "The management are very supportive and helpful", "The manager is very nice and listens to us", "The manager is lovely, we speak often. The reception staff, everyone is lovely", "Each floor is well led by the nurses", "You can see how well the manager leads by the way the staff go about their roles", "The registered manager [name] and the deputy manager [name] are so supportive."

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. A relative said, "We get updates from the manager, they are very open."
- Records confirmed the home had made all necessary referrals and notifications, for example, to the local authority and Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home used surveys to monitor the quality and satisfaction within the home. They used various ways to ensure each person was able to give their view, this included simpler surveys, using pictures and supporting people to participate. Relatives received a survey, and these were reviewed together. The results of the most recent survey carried out in February 2021 were positive.
- During the COVID-19 pandemic the home has adapted to changing government guidance for visiting. Relatives have been kept up to date by newsletters, emails and telephone calls. A relative told us, "As rules have changed, we get updates by email, so we know what is going on."
- The registered manager told us they worked well with health and social care professionals. A health professional told us, "We are satisfied with the care being provided." Another professional said, "We have a good relationship with Ashley Court."