

North Yorkshire County Council Ashfield (Skipton) (North Yorkshire County Council)

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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

Ashfield (Skipton) is a residential care home providing accommodation and personal care for up to 29 older people including people living with dementia. The home is arranged over two floors, the upper floor is accessible via a lift. People living with dementia have separate accommodation on the ground floor. At the time of our inspection there were 15 people living at the home.

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

People told us they received good care and felt safe. Staff were aware of how to care for people safely, however care plans and risk assessments did not always contain full information about how to manage health conditions and risk. Accidents and incidents were recorded. We recommended the provider review their accident and incident process to ensure records are updated following an occurrence.

The registered manager ensured safeguarding concerns were investigated and reported to the relevant authorities. Staff had been recruited safely. Arrangements were in place to ensure medicines were safely administered.

There were enough staff to meet people's needs. 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's needs were fully assessed before they started using the service. Staff treated people with dignity and respect whilst encouraging and supporting people maintain independence as far as possible.

The provider had a complaints procedure in place. People were aware how to raise complaints, one person said, "If I have complaints they [staff] know how to straighten things up". The registered manager had an open-door policy and people knew how to raise any concerns. Since the last inspection quality assurance systems had improved and the provider had been carrying out an annual audit at the home.

People, relatives and professionals were all positive and complimentary about the home. Staff knew people well and treated people with kindness. People commented "Staff always offer to support me or give me privacy when needed".

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 26 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 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 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 

Ashfield (Skipton) (North Yorkshire County Council)

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 an assistant inspector and inspection manager.

Service and service type

Ashfield (Skipton) 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 registered with the Care Quality Commission. 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.

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 asked for 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. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy managers, senior support worker, support workers and the chef. We also spoke with two professionals who were visiting.

We reviewed a range of records. This included three people's care records and 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, procedures and audits were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training data to determine if staff received enough training to deliver in their roles and the analysis from people and relative surveys that had recently been carried out.

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 been rated requires improvement. This meant some aspects of the providers systems did not ensure staff always received robust information to manage risk to peoples safety.

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

- Accident and incidents were reported and analysed, any lessons learned were documented and shared with the provider and staff. Care plans and risk assessments were not always updated following an incident. Staff were aware they needed to care for a person differently, but this had not always been recorded.

We made a recommendation the provider review its accident and incident reporting system to take this feedback and risk to people into account.

- Staff were very knowledgeable and knew people's needs. Risk assessments and care plans did not always contain details of how staff knew to care for people. For example, a person at risk from diabetes did not have a care plan in place. Some of the risk assessments used by the staff had not been completed fully so the risk was fully known, for example; one person's weight and risk of malnutrition was not correctly recorded.
- People who experienced distress at times due to their dementia were cared for with patience and compassion. Care plans to guide staff to intervene consistently did not include what may make a person anxious and how to intervene. In particular when staff should offer medicines to support a person was not clearly recorded.
- The premises were safe, checks were routinely carried out within the building and on equipment to ensure this was safe.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had received safeguarding training and understood how to keep people safe.
- People and relatives told us the service was safe. One relative said "Totally, without question I feel the place is safe".
- The registered manager understood their obligations in relation to safeguarding and ensured any concerns were reported and investigated appropriately.

Staffing and recruitment

- Staffing levels were safe. These were closely monitored by the registered manager who ensured enough staff were on shift to support people. One person told us "There is enough staff, I don't need a lot of help". One professional said, "There is always plenty of staff around".
- Staff were recruited safely; an effective recruitment and selection process was in place ensuring appropriate checks were carried out on the suitability of potential staff.

Preventing and controlling infection

- The service was clean and tidy, housekeeping staff ensured communal areas and bedrooms were deep cleaned. One person commented, "My room and bedding is spotless, really clean".
- Staff wore protective clothing to minimise the risk of cross infection when needed.

Using medicines safely

- Medicines were safely managed overall. Recent changes to the pharmacy supplier had led to Medicine Administration Records (MAR's) not containing all of the prescriber's instructions or space for staff to record when they administered 'as and when required' medicines. The registered manager immediately responded to make changes whilst we were on inspection.
- Staff were observed administering medicines safely. Staff had been trained in administering medicines.
- People were prescribed topical creams that were applied by staff. Topical medicine administration records did not always contain the full application instructions. We discussed this with the registered manager who addressed this immediately.

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

- People's needs were assessed before moving into the home.
- Staff recorded people's needs, preferences and routines and supported people in line with best practice.

Staff support: induction, training, skills and experience

- The provider ensured staff underwent a full induction programme to ensure staff were competent to carry out their duties.
- Staff attended refresher training as and when required. One staff member told us "I have recently completed the oral hygiene training".
- The registered manager and deputy managers supported staff through regular supervision and annual appraisals.

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

- Staff supported people with their dietary and nutritional needs. People were offered a choice of food, drinks and snacks throughout the day and at mealtimes. One person said, "We get plenty to eat".
- Staff followed guidance and advice from healthcare professionals and ensure food and drinks were the appropriate consistency for people who had trouble swallowing.
- People and visitors were complimentary about food. One relative said, "The food is brilliant, my family member is thriving and putting on weight".

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

- People were supported with their healthcare needs and had access to a range of healthcare professionals. As described in the safe section of this report, care plans did not always guide staff on what they needed to do to support people's health needs.
- We received positive feedback from healthcare professionals who said "We work together with people's health, they [staff] always follow the advice we give them. We recently visited a person with skin concerns and this has now cleared as staff have been following our advice".

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

- The service was purpose built and appropriately decorated to the taste of people living there. One person commented, "It's a nice place, my room overlooks the hills, I have a nice view".
- There was signage throughout the service to help people living with dementia move about the home.

- There were secure private garden areas people could access independently should they wish to sit or walk outside.

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.

- Appropriate DoLS applications had been made to the local authority. The registered manager had informed CQC when these applications had been granted.
- Peoples records contained mental capacity assessments and best interest decisions where appropriate.
- Staff were observed asking people for consent before providing assistance.

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

- Staff were kind and treated people with respect. Peoples comments included "Everyone is very good; the staff are all lovely".
- Staff and the registered manager understood how to support people whilst considering equality and diversity characteristics. For example, people were assessed as individuals regardless of their age, sex, religion, race or disability. Staff had also received equality and diversity training.

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

- People were encouraged and involved in making decisions in relation to their care.
- People's preferences and choices were documented within care records.
- Staff knew people well. Staff we spoke with were able to describe people's needs and preferences with confidence. One professional said "They [staff] treat people as they would want their own loved ones to be supported".
- People living at the service and their relatives were invited and often attended meetings to receive updates and share ideas. During our inspection a meeting was taking place, this was chaired by people living at Ashfield Skipton. We observed part of this meeting and people were positively engaged in discussing plans for future outings.

Respecting and promoting people's privacy dignity and independence

- People's privacy and dignity was maintained. Staff were observed knocking on doors before entering bedrooms and bathrooms. Staff were quick to support people who needed a change of clothing. We observed staff assisting a person in the lounge using a hoist, staff did this as privately as possible with gentle instructions and dignity.
- Staff supported people remain as independent as possible. One relative said, "My family member always likes their clothes to be co-ordinated, they [staff] make this happen".
- People living with dementia are involved in daily living tasks while being encouraged and supported by staff. One staff member said "I involve the residents, for example [resident] likes to assist with the laundry and setting tables at mealtimes. I like to keep everyone busy and entertained to suit everyone's needs".

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

- Staff had good knowledge of people's preferences and the way they wanted to be cared for. For one person this had seen their mobility be promoted and confidence to move independently restored.
- People's care records were personalised and detailed people's own personal choices for support.
- Care was evaluated regularly with people and their representatives were involved in reviews.

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 protected people from social isolation. People and relatives spoke highly of the range of activities available. One person commented on how much they enjoyed regular visits from children from a local school and said; "The children came for about six weeks, there was lots of antics, they lifted our day, it was really enjoyable, and we really enjoyed it". One relative said, "My family member was so energised with the children, they asked me to bring in sweets and old wooden toys for the children".
- People frequently went on outings, there were photographs in albums and on display. One relative said, "My family member has been all over outings wise, they go to church for lunch and they were pleased when they visited a farm to see the animals".
- The service had recently converted a lounge into a Bar. People can access the bar to socialise, have drinks and play games. One relative said, "The residents play snooker, darts and table tennis which all helps with mobility".
- People had developed friendships with each other while living at Ashfield (Skipton). We observed one resident offering reassurance to another resident who was showing signs of agitation, they held hands and chatted. This demonstrated positive relationships being fostered between people.

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 were given information in ways they could understand. Peoples records clearly described individual communication needs.
- Information was available in alternative formats for people, for example within care records people had personal outcome plans, some of these contained the use of images rather than text.

Improving care quality in response to complaints or concerns

- Since the last inspection there had been no complaints. Information was displayed within the service with advice on who to contact if there were any concerns or complaints. One relative said "I think it is outstanding, there's nothing I can say to alter the service"

End of life care and support

- Staff had received training around the delivery of end of life care. End of life care plans were in place which documented how staff would support people if they needed this support

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

At the last inspection we recommended the provider review their policies to ensure a robust quality assurance and governance system was in place. The provider had made improvements.

- Since the last inspection a new provider audit had been implemented which was carried out annually. Additional risk assessment tools had also been implemented to support good risk management. The process had not highlighted all the improvements needed as outlined in the safe section of this report. The provider was monitoring the effectiveness of this new approach and told us they would make adjustments following an upcoming review.
- The registered manager and staff understood their roles and responsibilities.
- The registered manager ensured incidents were reported to CQC as part of the legal requirements within the regulations.

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

- The registered manager, deputy managers and senior staff were professional, open and transparent. One relative said, "The registered manager's leadership is positive".
- Staff felt supported by the manager, one staff member said, "I get support from the manager and discuss issues in my supervision".
- The registered manager and staff were focussed on ensuring people achieved good outcomes, one person said, "I like it here, I am well looked after, I have no complaints".

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; Continuous learning and improving care

- The registered manager was open and acted quickly in response to feedback during the inspection.
- The registered manager and provider apologised and acknowledged when things went wrong, they learnt lessons from these situations to improve care delivery.
- The provider assessed the quality of the service through surveying people and their relatives to help the service continue to learn and improve.

Working in partnership with others; Engaging and involving people using the service, the public and staff,

fully considering their equality characteristics

- The management team are visible and approachable. One professional commented "The manager is always friendly, and staff are always on the ball, I have no worries at all, they [staff] always take time to answer questions".
- The service worked in partnership with key stakeholders to enhance people's healthcare. Care records demonstrated that staff worked effectively with professionals who regularly visited the home.
- People, relatives and staff could share their views openly and safely in regular meetings.