

North Yorkshire County Council Ashfield (Malton) (North Yorkshire County Council)

Inspection report

Old Malton Road
Malton
North Yorkshire
YO17 7EY

Tel: 01653692371
Website: www.northyorks.gov.uk

Date of inspection visit:
13 November 2019

Date of publication:
24 December 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashfield (Malton) (North Yorkshire County Council) is a care home which provides residential care for up to 31 older people including some who were living with dementia. At the time of inspection 28 people were using the service. Care is provided at Ashfield over two floors with lift access available. There are various communal areas that people can use, including a lounges, dining room and activity room.

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

Medicines were predominantly safe. We have made a recommendation about the management of some medicines. Audits were in place although we have made a recommendation about the governance and oversight of the service

Systems were in place to ensure people were protected from abuse and investigate any concerns. Risks linked to people's care were considered and monitored. Environmental risks were considered. Staff recruitment was robust and people received care from staff who knew them well and had relevant experience.

People told us they received good quality care from the staff at Ashfield. All the people and relatives we spoke with said they were happy with the care provided.

People were treated as individuals and their decisions were respected. They and/or their relatives were fully involved in their care. People received care and support in line with their individual needs and preferences and they were supported to have maximum choice and control of their lives.

There were enough staff available to spend time with people and to provide them with support when required. The staff were kind, caring and polite and treated people with respect whilst upholding their dignity. People received support with their hobbies and interests to enhance their wellbeing.

People were encouraged to maintain a healthy, balanced diet, based on their individual needs and had access to food and drink whenever they wanted.

People were supported to maintain their health and the provider worked well with other health and social care services to ensure people received the support they needed, when this was required.

People and relatives told us they knew how to complain; any complaints had been investigated and action taken to resolve the issues.

Incidents and accidents were recorded, and an overview held so that any trends and themes could be identified. Where appropriate people had end of life wishes recorded within the care plan.

Staff were happy and felt well supported. People felt the manager was approachable and friendly.

Rating at last inspection and update

The last rating for this service was Good (published 16 May 2017)

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ashfield (Malton) (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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection consisted of one inspector.

Service and service type

Ashfield (Malton) (North Yorkshire County Council) is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does 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 three people who used the service and two visiting relatives to gain their experience of the care provided. We spoke with five members of staff including members of the management and care teams and one visiting healthcare professional. We reviewed a range of records, including; people's care records and medicine records. We looked at four 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.

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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall the management of medicines was safe. The providers medicines policy was not always followed. For example; the dates of opening of liquid medicines were not consistently recorded and one person had been administered medicine after the use by date outlined by the manufacturer's guidance. This medicine had been identified as expired at the last medicines audit, yet still administered. Following inspection this medicine was replaced for new stock.
- People were prescribed medicines on an 'as and when required' (PRN) basis such as pain relief. There were no protocols in place to guide staff when to give the medicine, how often and what to do if it was not effective. The registered manager confirmed following inspection protocols were being implemented.

We recommend the provider consider current medicines guidelines and take action to update their practice accordingly.

- People's medication administration records (MARs) were accurate, up to date and without omissions. Only trained staff administered medicines, Training was kept updated and staff competency assessed.
- People told us they received their medicines on time. One person told us, "I get my tablets regularly and always on time."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Ashfield. One person said, "Most definitely, I feel very safe here." Staff told us they felt safe and comfortable with staffing levels.
- Managers understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the provider informed the relevant agencies. Staff were confident that the registered manager would take action if they raised any concerns.
- No concerns were raised with us by the local authority safeguarding team.

Staffing and recruitment

- People were supported by staff who had checks completed prior to working with vulnerable adults. For example, staff had a satisfactory Disclosure and Barring Service (DBS) and satisfactory references in place.
- People were supported by enough staff throughout the inspection. The registered manager confirmed they could adjust staffing levels depending on people's needs.
- Staff had no concerns relating to the staffing levels in the home. Comments included, "Staffing levels are appropriate," and, "I think we have enough staff to give people the care they need."
- Staff confirmed where possible they picked up additional shifts to prevent the use of agency staff.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans and staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Health and safety audits identified when work was required, and the provider ensured that work was completed in a timely way.
- Staff held practice fire drills to check any risks to people from an emergency evacuation.
- People's personalised plans (PEEP's) were in place to guide staff and emergency services about the support people required in these circumstances.

Preventing and controlling infection

- People and staff had access to liquid hand soap and paper towels and there were hand sanitising stations throughout the home along with areas where staff could access personal protective equipment such as disposable gloves and aprons.
- The service was clean and odour free. There were enough domestic staff to keep the service clean. One visitor told us, "The home always seems clean and tidy."
- Staff did not always ensure their nails and hands were free from nail varnish and stoned rings. These can impede effective hand washing and can harbour germs. The registered manager assured us this would be addressed through team meetings.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during handovers between shifts and at staff meetings.

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, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people.
- People's needs and choices were assessed prior to them moving into the home and regularly thereafter. Detailed support plans were developed from this information.
- Care was planned and delivered in line with people's individual assessments and support plans.

Staff support: induction, training, skills and experience

- Staff told us they received regular supervision, team meetings and support from the registered manager and provider. However, staff files we looked at showed not all staff had received supervision in line with the frequency stated in the provider's policy. The registered provider was in the process of taking steps to ensure this was rectified immediately.
- Staff had received enough training to provide people with effective care. People and relatives told us staff were knowledgeable and we observed staff using safe practice throughout our inspection visit. A relative told us, "I am happy that they [staff] know what they're doing."
- The staff we spoke with told us the training they received was good. Records showed staff had received training in subjects relevant to their role.

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

- People were supported to eat a balanced diet. People's needs, and preferences were met. People were given a choice of meals.
- The lunch time meal was a social occasion, people were relaxed and chatted to each other and staff. People told us they enjoyed the food and there was enough and a choice of what to eat. We saw people were offered snacks and drinks throughout the day.
- People told us they enjoyed the food. One person said, "I really like the food here, there is always a good choice."

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

- The service worked with other agencies to achieve good outcomes for people and were supported to access healthcare services and support appropriately.
- People's health needs were clearly recorded in their support plans and contained information from a range of health care professionals. Care records demonstrated that staff followed any guidance issued by healthcare professionals.
- Should people be admitted to hospital, staff told us they would provide written information about the person to the medical team, to help ensure the person's needs were known and understood.
- A visiting healthcare professional told us, "Staff are committed and kind, they are quick to report any concerns about people's health. They always follow any instructions we leave to help the person with their health needs."

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

- Appropriate signage was available to help people find their way around.
- People's bedrooms were personalised. They contained items such as photographs and soft furnishings.
- There were large, well decorated communal spaces and people had access to a well-maintained garden.
- The registered manager confirmed there were areas within the home that they had programmed to improve, for example, skirting boards and door frames which had been damaged by equipment such as wheelchairs.

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.

- People's capacity to make decisions had been assessed. DoLS applications had been submitted when required. Where DoLS had been granted authorisations were retained to demonstrate appropriate legal action taken.
- People were able to express their choices and decisions. Staff understood how to support people to make choices in their daily lives. We observed this during meal times and how they spent their day.

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

- People were effectively supported by staff who had a good understanding of people's care needs, their personalities and preferences.
- Staff completed training in equality and diversity and were fully aware of their responsibilities to support people with diverse needs.
- People and their relatives told us staff were kind and caring. They commented; "The staff are all very lovely" and, "I don't have any complaints, they are all wonderful." Relatives told us staff were attentive and talked to people. One relative said, "I have complete peace of mind, all the staff are fantastic."
- We observed kind caring interactions between staff and people using the service.

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

- People were supported to make decisions and express their views on a day to day basis.
- People were encouraged to contribute to their own care plans giving staff information and discussing their wishes.
- Staff responded to people's requests, such as involving the GP when people had requested not to be resuscitated. People had then discussed this with the GP and the relevant documentation completed.
- People had signed to confirm they had been involved in developing their care plans. Staff had discussed with people about consenting to photographs and who staff may discuss their care with.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocked on doors and asked for permission to enter people's bedrooms. One person told us, "They [staff] always knock on the door."
- Offers of personal care made to people by staff were discreet.
- People's independence was promoted. People were encouraged to carry out tasks for themselves where they were able.
- People's confidential information was stored securely.

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

- Each person had a care plan. These contained varying levels of detail about people's choices and preferences. There were details about when people wanted to get up, go to bed, food likes, dislikes and preferred activities.
- We saw that most care plans were up to date and contained relevant information and guidance for staff. This guidance included, how people liked to be supported, a communication profile, their cultural and religious needs, mobility needs and a medical history.
- However, some information in care plans and daily notes was not always up to date or contained sufficient detail. Whilst this did not impact upon the responsiveness of people's care, we have commented on the completeness of people's care plans in the Well-Led section of this report.
- Staff knew people well. People told us staff supported them in the way they preferred. One person told us, "They know me well and they do things just as I want them."

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.

- The provider was working within the AIS. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- Staff offered people choices by using visual prompts. Staff told us they knew people well and where able to communicate using their preferences. For example, one person was living with a hearing impairment. Staff spoke slowly, clearly and maintained eye contact them.

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 had formed good working relationships with people's relatives and helped to make sure the relationships between people and their families remained positive.
- Visitors were welcome and there was sufficient space for people to have time alone with their visitors. One visitor told us, "There is no restrictions, I came come when I want and am always welcomed."
- Staff organised activities for people to participate in at home such as games, quizzes and craft activities. One person was looking forward to the hairdresser coming in that afternoon. They told us, "I really like having my hair done."

- However not everyone at the service was completely satisfied with the activities on offer. We saw a 'You said, we did' board which indicated people had requested more trips out. In response a trip had been organised to a local petting zoo.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident they would be addressed.
- The home had only received one concern in 2019 which had been addressed within the timescales set out in the provider's policy and to the person's satisfaction.
- People were confident that their concerns would be dealt with. Comments we received about this from people and their relatives included: "I have no concerns but if I did I'm confident the manager would address it immediately" and "I'm happy with everything and the girls [staff] would sort any problems out."

End of life care and support

- People were able to make decisions about their end of life support. Peoples care plans referred to end of life wishes.
- Staff were aware of national good practice guidance for end of life care. The service had support from palliative care specialists when required. This included staff undertaking training with the local hospice.

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 good. At this inspection this key question had 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; Continuous learning and improving care

- The provider had a range of audits in place to ensure standards were maintained in line with the law and their expectations. Checks and audits had not always effectively identified areas for improvement, for example, that PRN protocols and the date of opening of liquid medicines was not consistently recorded and inconsistencies regarding staff supervision. Where areas for improvement had been highlighted, action had not always been taken to make improvements.
- Immediate action was taken by the registered manager and provider following inspection to make initial improvements following our feedback.

We recommend the provider reviews their approach to quality assurance to ensure it is effective.

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

- Staff felt proud to work at Ashfield. They were complimentary about their colleagues and said they worked well as a team. Comments included; "I think it's a great place to work," "It's a good place be, with a great team and supportive management," and, "I genuinely wouldn't want to work anywhere else."
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included, "I believe the home is well managed," "The manager is always accessible," and "I have always found the manager to be fair, supportive and hands on."

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 their duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care.
- Any incidents or concerns had been shared with the appropriate local authority and/or CQC.

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

- People told us they had been asked their opinion about the service. Changes had been made to menu options following feedback from people. The provider sought people's feedback through questionnaires. The results of those were positive. The registered manager told us the official questionnaires were sent out

to people and their relatives once a year but feedback was sought constantly.

- Staff attended regular meetings. These meetings were used to discuss people's needs and any suggestions staff may have.
- Learning and development was important to the registered manager and they attended regular provider meetings and had used online guidance and publications.
- The registered manager had the support of a deputy manager and senior staff within the home.
- The service had good working partnerships with health and social care professionals. A health professional told us, "Every experience I have had here has been positive. A knowledgeable and kind staff team and an approachable and professional management."