

Continuum Healthcare Limited

Ashcroft Nursing Home

Inspection report

Church Street
Cleckheaton
West Yorkshire
BD19 3RN

Tel: 01274862053

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- Ashcroft nursing home is a care home that was providing personal and nursing care to 38 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- Action had been taken to reduce risks since the last inspection.
- Staff were recruited safely and there were sufficient numbers of staff on duty to meet people's needs. New staff received induction and there was an on-going programme of training and supervision for existing staff.
- Records were personalised, were updated at regular intervals and were stored securely.
- The management of people's medicines was safe.
- The home was clean and suitably maintained.
- Staff were kind and caring. They respected people's right to privacy and maintained their dignity.
- Complaints were acted upon and the registered provider and registered manager were pro-active in seeking feedback from people, their relatives, other visitors to the home and staff. Staff understood their roles and responsibilities. It was evident the management team and staff were committed to ensuring people received high level of care and support.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection:

- Requires Improvement (published February 2018). This service has been rated 'Requires Improvement' at the last three inspections.

Why we inspected:

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

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ashcroft Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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. Where there is a registered manager refer to them as "the registered manager" throughout the report. If there is not a registered manager refer to the manager as "the manager".

Inspection team:

The inspection team consisted of an adult social care inspection manager and two adult social care inspectors.

Service and service type:

Ashcroft Nursing Home 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.

Ashcroft Nursing Homes accommodates a maximum of 40 people. The home provides care and support to people who are assessed as having nursing and personal care needs. There is a six bedded unit specifically for people living with dementia.

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Notice of inspection:

The first day of the inspection was unannounced. Inspection site visit activity started on 29 January 2019 and ended on 4 February 2019.

What we did:

Prior to the inspection we reviewed information we had received about the service since the last inspection

in February 2018. We also requested information from the local authority commissioning and contracts department, safeguarding, infection control, the fire service, Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with to fully inform our approach to inspecting this service.

We asked the service to complete a 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 inspection included speaking to nine people, two relatives or visitors and a visiting healthcare professional. We also spoke with the registered provider, the registered manager, head of care, lead nurse, a care worker and a housekeeper. We reviewed seven people's care records, four staff personnel files, audits and other records about the management of the service. We spent time observing interactions between staff and people within the communal areas of the home.

After the inspection we requested further information from the manager and provider. This was received and the information was used as part of our inspection.

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 on 15 and 17 January 2018, this key question was rated "requires improvement". Action to minimise some risks posed by the building and equipment had not been taken. At this inspection, we found improvements had been made. Therefore, the rating for this key question has increased to "good".

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative said, "I feel so relieved my relative is here. They are well cared for and I feel they are safe here."
- Staff were aware of the types of abuse and understood their responsibility on reporting their concerns to a more senior staff member.
- One member of staff told us they believed people were safe because staff had been trained to keep people safe and policies were followed.
- The training matrix showed all staff had received safeguarding training.

Assessing risk, safety monitoring and management

- People's care files included a range of person specific risk assessments. For example, malnutrition, skin integrity, falls and mobility. Where a risk had been identified, records noted the steps taken to reduce the risk of harm. For example, pressure reducing mattresses and falls sensors.
- Staff had completed fire training. Nine staff had received additional training as fire marshals. A staff member told us a fire drill was held weekly to test staff's response in the event of a fire. At the time of the inspection the registered manager did not have a system in place to give them oversight of each staff member's attendance at a drill. They told us this would be implemented.
- Regular checks had been completed on the premises and equipment by external contractors to ensure they were safe. A number of internal checks were also completed on a regular basis to reduce the risk of harm. These included water temperatures, fire equipment, emergency lighting and alarms, window restrictors and wheelchair safety checks.

Staffing and recruitment

- Procedures for the recruitment of staff were safe.
- There were sufficient numbers of staff on duty to meet people's needs. One person told us, "I don't have to wait for staff to come and support me." A visiting professional said there seemed to be enough staff when they had visited the home.
- Staff felt there were sufficient numbers of staff on duty to ensure people's needs were met in a timely manner.
- One relative was concerned about the staffing on Terrace Unit. Five people were living on Terrace Unit with one staff member assigned to work on the unit, assisted by another staff member when required. Both carried a walkie-talkie so support could be summoned when needed. A member of staff told us they also

had access to the nurse call system if needed. We also spoke with the registered manager and we were assured there were systems in place to reduce the risk of harm to people living on Terrace Unit.

Using medicines safely

- Medicines were managed safely.
- Relevant staff received medicines training and an assessment of their competencies had been completed.
- Medicines were available when people needed them and were stored securely. We observed medicines being administered to people in a safe and caring manner. .
- Where people were prescribed medicines for use 'when required' we heard staff asking people if they wanted the medicine before preparing it. Protocols were in place to ensure these medicines were administered in a safe and consistent manner.
- When topical medicines had been prescribed individual administration records (TMAR) were signed each time they were applied. Each person's TMAR was accompanied by a protocol stating why, when and where to apply them and a body map was shaded to show precisely where.

Preventing and controlling infection

- The home was clean, tidy and odour free. One person told us, "The home is always clean."
- Personal protective equipment, for example, aprons and gloves were readily available for staff to use.

Learning lessons when things go wrong

- Accidents and incidents were investigated and analysed to see what lessons could be learned to prevent a reoccurrence.
- The registered manager reviewed all accident and incident records to ensure people's safety was maintained and that appropriate action had been taken to reduce future risk.

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

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

- The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.
- This was evidenced through the involvement of relevant external health care professionals, staffs' compliance with the registered providers training requirements and from good practice information displayed within the home.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs appropriately.
- A relative told us, "They support my relative with their needs well".
- A member of staff said they had received a comprehensive induction and completed training in a range of subjects. They said the training supported them to deliver the care people needed.
- Another staff member told us they received an annual appraisal and had supervision meetings with a senior member of staff about every three months.
- Staff files included evidence of induction, training, annual appraisal and regular supervision.

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

- We received positive feedback about the meals served at the home. People told us, "The food is good", "The food is good. Its tasty and we have a choice at lunch" and "I like tripe and the chef fetches this especially for me as she knows that I like it."
- Some people had been prescribed a specific consistency for their meals and drinks, to reduce the risk of choking. We saw clear information was available to staff to ensure they were aware of people's individual needs.
- A relative told us they were concerned their family member may not have sufficient to eat as they often went to bed early. We reviewed their food and fluid records for a two-week period and saw they regularly ate three meals a day along with biscuits at supper time.
- We observed the lunchtime meal. Staff served people individually, providing verbal prompts where needed. Where people needed more support, a member of staff sat with them. Conversation between staff and people was friendly and inclusive.

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

- The registered manager told us about a person who had recently been supported to become more independent. This resulted in them leaving the home to live on their own with a community based support package. This had been achieved through engagement and working in partnership with other health care

professionals. During the inspection we were able to speak with the person who told us how grateful they had been for the staff's support.

- The care records showed people had access to a variety of external health care professionals. This included GP's, district nurses, speech and language therapists, opticians and podiatry.

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

- Ashcroft Care home has bedrooms on the ground, first and second floor. The communal lounge/dining area was light and airy.

- There was a patio area outside. The registered manager told us work had recently been undertaken to chop back the trees and bushes as people had complained their view was very restricted.

- On Terrace unit bedroom doors were different colours and there was picture signage on the communal bathroom door. This helps people to locate the bathroom and their own bedroom.

- The registered provider told us work was ongoing to improve the facilities for people, this was to include a small shop and a facility for people to skype with their relatives.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Eight people had a DoLS authorisation in place, there were no conditions attached.

- It was clear from our discussions with the registered manager and staff, they understood the principles of the MCA. One of the staff we spoke with told us they assumed people had capacity to make decisions unless deemed otherwise. They also understood a person may have variable levels of capacity dependent upon the complexity of the decision.

- Where appropriate we saw evidence decision specific capacity assessments had been completed. The document noted that decisions made were in the best interests of the person. However, there was no record of the best interest's discussion. We raised this with the registered manager at the time of the inspection. They told us they would review the form to see how it could be improved.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were consistently positive about the care and support they received.
- People and their relatives told us; "Everyone is very caring. The staff are very kind and attentive, they are always welcoming and friendly", "We are very happy with care, they really do care", "My relative is reliant on them for all of their care and she is always clean and always well cared for" and "If anyone was looking for a place to care for their relative I would say come to Ashcroft and see for yourself. It a lovely service."
- A member of staff spoke with us about people with understanding of who the person was and their life outside the home in an affectionate way that showed they cared about them. They said they enjoyed having time to talk with people and listen to them and support activities.
- We asked a member of staff what good care was, they responded "It is not about blanket care. We are all individuals. We get to know each person and what they want." Another member of staff said, "Personal care is a priority, we are not task and time orientated."
- We observed interactions between staff and people. Staff were kind and cheerful, they addressed people by name and spoke with them as if they knew them well. When staff spoke with people sitting in chairs, they bent down so they were on the same level.

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

- People were involved in planning their care and support and we saw people and/or their relatives had signed care plans.
- Staff consistently offered people choices and involved them in daily decisions about their care and support.
- Care records showed if people had a preference regarding the gender of their care worker.

Respecting and promoting people's privacy, dignity and independence

- A relative said, "I have seen staff deal with some situations which can be difficult but they do so in a calm way always respectful."
- We observed staff knock on bedrooms doors prior to entering. Where people did not always respond, staff told them who they were and the what they were doing as they entered their bedroom.
- Staff used a privacy screen in the communal area to maintain a person's dignity while they were being transferred in a hoist.
- 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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We asked people and their relatives how people spent their time. One person told us, "The staff are always interacting with people in the main lounge when I come", "They observe the different seasons and celebrations, in the summer there was a garden party and that was really lovely" and "Christmas was lovely, top notch."
- The home did not have a dedicated activities organiser, activities were provided by staff as part of their daily routine. A member of staff said, "We ask them a lot of questions about hobbies and things they like to do. Then we build on that as we get to know people."
- During the day we saw people were encouraged to join in armchair skittles, reading and colouring. Music played throughout the day.
- We noted at mealtimes the volume of music was reduced, providing a calmer environment for people to enjoy their meal.
- A monthly church service was held at the home.
- The home had a pet rabbit which they encouraged people to take an interest in and care for. There was also a budgie who lived on Terrace unit. We saw the budgie come out of its cage and perch on a person's finger, they clearly enjoyed this, chatting to the budgie and petting it.
- People's care records were personalised to their individual needs. Records were reviewed and updated monthly or earlier in the event a person's needs changed.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements.

Improving care quality in response to complaints or concerns

- One person who lived at the home said, "The staff are always on hand to sort things out and are quick to respond to any issues that I have."
- The registered manager kept a log of complaints. Concerns were investigated and where shortfalls were identified, action was taken to address the matter.

End of life care and support

- We spoke with one relative about their experiences of the care people received as they entered the final stages of their lives. They told us their relatives wishes were being supported staff communicated effectively with them about changes to their care and support.
- A thank you card dated November 2018 recorded, "The family would like to offer our sincere thanks for the expertise and compassion with which you cared for {name of person} in the last weeks of their life. We will always be grateful."

- As people neared the end of their life care and we saw anticipatory medicines to relieve pain and nausea had been prescribed and obtained for them. Having these medicines available meant there would be no delay in the event the person needed them.

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 on 15 and 17 January 2018, this key question was rated "requires improvement". Systems of governance had failed to identify the issues we had identified with the building and equipment. At this inspection, we found improvements had been made. Therefore, the rating for this key question has increased to "good".

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives were positive about the management of the home.
- The registered provider and the registered manager clearly knew people well. It was evident from their interactions with people and staff and their discussions with us, they were committed to ensuring people received high quality person centred care.
- A member of staff told us, "We are always trying to better what we do."
- Audits were completed on a regular basis and shortfalls were actioned within a set time.
- The registered manager understood their legal responsibility to notify the Care Quality Commission about significant events.

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

- Staff we spoke with were clear about their roles and responsibilities. We asked a member of staff about the values and culture of the home. They responded, "Person centred care with dignity and respect."
- The management team met on a weekly basis to review people's needs, address any staffing issues and update each other with operational matters.
- Some nominated staff were designated champions in key areas of performance. This included dignity, medication and end of life care.

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

- A senior carer said they felt listened to by managers, "I really enjoy working here, we engage with people and don't just do personal care". They said the registered provider visited often and they were approachable.
- A member of staff told us they attended regular staff meetings. Staff were updated on best practice and issues at the home. Another member of staff said, "We have a staff meeting every few months where we get together with the managers, they ask us for our opinion about things we want to talk about."

- Two resident and relative meetings had been held in 2018. Minutes included comments made by people who attended the meeting.
- There was a suggestion box in the reception area. We also saw a notice asking visitors to complete the annual questionnaire. Questions included; "To what extent does the service support you to be yourself in the home" and "How happy are you with the respect staff show you?".
- A quarterly newsletter was produced and distributed to people and relatives. Information included a message from the registered manager, diary dates and information about good practice. The format was set out in bite size pieces making it easy to read and understand.

Continuous learning and improving care; Working in partnership with others

- Staff attended a handover at the beginning of their shift to ensure they were kept up to date with people's care and support needs.
- The service worked in partnership with other agencies, for example, the local authority commissioning team and continuing healthcare to ensure people had positive outcomes.