Ashfield Nursing Home Limited

Ashfield Nursing & Residential Home

Inspection report

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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

Ashfield Nursing and Residential Home provides accommodation for up to 32 people. Ashfield provides nursing care and residential care for people. There are garden areas and parking facilities available in the grounds of the building. There is access for wheelchairs at the entrance of the home. Ashfield Nursing and Residential Home is situated close to the centre of Wetherby.

At the last inspection in March 2015 the service was rated Good. However a rating of requires improvement had been identified in the 'safe' domain with a breach in Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. The registered person did not protect service users against the risks associated with unsafe use and management of medicines. This had now been addressed by the management team and good medication practices were in place.

At this inspection we found the service remained Good.

This inspection visit took place on 04 July 2017 and was unannounced.

We looked at how the registered manager and staff had improved their medication procedures. We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

People who lived at Ashfield Nursing and Residential Home told us they were happy with the care they received and with staff who supported them. We sat with people who lived at the home in the lounge area and observed staff providing support for people throughout our inspection visit. We found they were kind and patient and treated people with respect and dignity. One relative said, "They were all so caring and respectful."

We found by looking at appropriate documentation and talking with staff they had been recruited safely, received ongoing training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at the home and nurses were on duty 24 hours of the day.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available around the building for staff to use when required.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they had choices of meals and there were always alternatives if they didn't want what was on offer. We observed at lunchtime people who required support were attended to in a sensitive manner. People spoke positively about the quality of food. One person who lived at the home said, "The food is superb. Today the lunch was beef wellington it was great." Care records we looked at described people's food preferences and any allergies.

We looked at the activities at the home and spoke with people about what was provided. The service employed activity co-ordinators and people who lived at the home made positive comments about them. One person who lived at the home said, "We have a lot going on here and that is down to [activity co coordinators] they are very good and caring people."

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received. However people who lived at the home and relatives we spoke with were aware of the process to follow should they have any concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, surveys sent to relatives/residents. In addition staff and 'resident' meetings were held to seek their views about the service provided and improve the service if required.

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.

We observed medication was administered safely. The registered manager had systems in place to protect people from unsafe management of their medicines.

Staff had received training to safeguard people from harm or abuse which was regularly updated.

We reviewed staffing rotas and found sufficient staff were deployed to meet people's requirements.

The management team followed safe recruitment procedures.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Ashfield Nursing & Residential Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.'

This inspection visit took place on 04 July 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included seven people who lived at the home, two relatives, the registered manager and seven staff members. Prior to our inspection visit we contacted the commissioning department at the local council. We did not receive any information of concern about the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home, staff training and recruitment records and arrangements for meal provision. In addition we looked at staffing levels and records relating to the

management of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

At the last inspection in March 2015 the registered person did not protect people who lived at the home against the risks associated with unsafe use and management of medicines.

This was a breach of regulation 12 Health and Social Care Act 2008 (regulated activities) regulations 2014 Safe Care and Treatment.

We looked at how the management team managed medicines. For people who could not manage their own medicines, staff provided support with this. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

We observed staff members administering medication during the morning round. We observed the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. One staff member said, "The new system on the computer 'medicare' is very good and you cannot make a mistake."

We spoke with people who lived at the home and relatives and asked them if they felt safe and secure living at Ashfield Nursing and Residential Home. Comments from people were all positive and included, "I feel safe because there are a lot of people about." A relative said, "I sleep easy knowing [relative] is safe here."

Staff were able to describe good practice in relation to protecting people from potential abuse. Staff we spoke with were clear about reporting procedures should they identify possible abuse. One staff member said, "I know what to do as we have had training and would be confident to report any signs of abuse taking place."

We looked at systems the registered manager had to manage accidents and incidents to ensure people lived in a safe environment. We found documentation was in place and recorded action taken to reduce the risk of further incidents.

Care plans we looked at contained risk assessments. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at the home. Risk assessments provided instructions for staff members when delivering support for people. For example if people were at risk of falls, plans were in place to reduce the risk. For instance pressure mats and walking aids. Records of risk were reviewed when circumstances changed.

We looked at recruitment and selection procedures the registered manager had in place to ensure people were supported by suitably qualified and experienced staff. We found evidence of pre-employment checks being undertaken and these were all in place prior to the staff member starting work. This showed the service had undertaken checks to ensure staff had the required knowledge and skills, and were of good

character before they were employed at Ashfield Nursing and Residential Home.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient care staff were available to provide support people needed. The registered manager told us they would assess if more staff were required when occupancy levels rose, or the needs of people who lived at the home changed. Staff we spoke told us staffing levels were sufficient to provide care people required. One staff member said, "We don't have a problem here with staffing we work as a family and always have enough to spend time with the residents." A person who lived at the home said, "They answer my buzzer more or less straight away so I don't have a problem. There seems to be plenty of staff around to help."

We looked at documentation and found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately so people were safe when moving around the home.

We looked around the home and found it was clean, tidy and maintained. The management team employed designated staff for the cleaning of the premises. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. We found care records we looked at contained evidence people or their representatives had signed consent to their care and support.

We observed during the inspection visit snacks and drinks were offered to people between meals and when people requested them. One person who lived at the home said, "If I fancy a drink or biscuit I can have one at any time no problem." There was a rotating menu with choices on offer daily and a variety of alternative meals were available if people did not like what was on the menu. This was confirmed by talking with people who lived at the home. We also checked people with special dietary needs and found their requirements were met. For example these included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties.

People who lived at the home we spoke with told us they enjoyed the food that was provided. They said they received varied, nutritious meals and always had plenty to eat. One person said, "The food is superb, today the lunch was beef wellington it was great."

We observed breakfast and lunch being served for people in the dining room and their own room if that was their choice. There were some people who needed assistance with their meals. Staff were seen to assist people in a relaxed, sensitive and unhurried manner and were patient and supportive.

Care plans of people who lived at the home we looked at detailed information about people's food and drink preferences. Care plans we looked at contained a nutritional risk assessment and people's weight was regularly monitored.

People who lived at the home and relatives we spoke with felt staff were extremely well trained and skilled. Staff told us they were well trained and had an established staff team that worked well together. A relative said, "They know what they are doing and what I like they know my [relative] condition and are able to provide the care that she needs. I see every time I come." Staff we spoke with told training opportunities were very good and always encouraged to develop their skills by attending courses. One staff member said, "The training is brilliant no issues with that."

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw people received the appointments they needed. People were registered with local GPs and received visits from them when they were required. Care records were informative and had documented the reason for the visit and what the outcome and action was. For example one person who experienced swallowing difficulties

had received a visit from a speech therapist and resulting action was to prepare special foods and monitor their diet. This was ongoing and staff we spoke with were aware of what the person's needs were.

We looked around the building and grounds and found they were appropriate for the people who lived at the home. We found it was suitable for people who lived with dementia. For example appropriate signage was evident around the premises to help people recognize their surroundings. There was a lift that serviced the home and was used by people who lived at Ashfield Nursing and Residential home. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Good

Is the service caring?

Our findings

We received positive feedback about care provided at Ashfield Nursing and Residential Home from people who lived at the home, health professionals and relatives. A relative said, "They were all so caring and respectful when I was a resident here for a short stay. They are fantastic with [relative] and so kind every time I come and visit her." A person who lived at the home said, "I have not been feeling myself of late, but they all have rallied round and showed me extreme kindness."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. One relative we spoke with said, "They treat [relative] as a person and respect her rights as an individual."

The registered manager and staff told us they involved people who lived at the home and their families in their care planning. This was confirmed by looking at care records where signatures to consent to care were found. A relative said, "They keep me up to date and from the start involved me with my [relative's] care." We saw people's religious beliefs, likes, dislikes and wishes were noted within care records. Information written in these records reflected what staff and people had told us about their preferences and choices.

During our observations we found examples of how people's dignity was maintained. For example staff were observed knocking on people's doors before entering their rooms and doors were closed when personal care was delivered. One person who lived at the home we spoke with about respect and dignity said, "Always knock first and call out my name so yes they are respectful."

Information we noted in two care records of people who lived at the home contained their preferences for end of life care. This meant the registered manager would know what the person's preferences were and to respect these on death. At the time of our visit, no one living at the service was receiving end of life care.

There was information available for people about how to access local advocacy services, should they so wish. Information was available in the reception area. Advocates are independent people who provide support for those who may require some assistance to express their views. Pointing people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Good

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us staff and the management team provided care that was responsive to their needs and treated them as an individual. For example one person who lived at the home said, "Any time I don't feel so good they react straight away they are so good."

Two care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. For example one person required support from a speech therapist and all support and treatment had been documented so staff were able to meet the person's needs and follow what action was required.

We spoke with people about activities. We found the service employed 'activity co- coordinators' and people who lived at the home made positive comments about them. For instance they included, "We have a lot going on here and that is down to [activity co-ordinators] they are very good and caring people." There was a timetable we saw of activities that were going on in the home. On the day of the inspection visit there were activities organised individually and in a group. For example a group of people were playing, 'large dominoes' in the lounge. One person who lived at the home said, "I love the big dominoes game we play."

The registered manager had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. No complaints had been received. One person who lived at the home said, "I know the process but how can anyone complain about this place it's excellent."

The service had considered good practice guidelines when managing people's health needs. For example, we saw the management team had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

Good

Is the service well-led?

Our findings

Ashfield Nursing and Residential Home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and relatives told us the home was well led and organised. Comments included from a relative, "The place is extremely well run and operates smoothly." In addition a person who lived at the home said, "It is like one big family and is led by kind and caring people." A staff member said, "Lots of us have been here for a long period that tells you everything."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of people they supported. Staff were positive in their comments about support provided from the management team they included, "Very supportive I feel I could talk with [registered manager] any time."

The registered manager had procedures in place to monitor the quality of service provided. Regular audits had been completed. These included reviewing care plan records, infection control and medication. Regular checks were also made to ensure water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment. An infection control audit we looked at identified issues staff were not always washing hands before contact with people at the home. The following months audit in June 2017 confirmed this was now being done and staff were more consistent with washing hands. This demonstrated the service was monitored and improving the way care was delivered for people who lived at the home.

Staff, 'resident' and staff meetings were held on a regular basis to discuss the service provided and nursing care of people. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the home had been discussed. For example a staff meeting on 17 May 2017 identified some amendments to be made in relation to medication practices. This was followed through and the latest meeting confirmed action had been taken to address the issues.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.