HC-One Limited

Ashton View Nursing Home

Inspection report

Wigan Road
Aston-in-Makerfield
Wigan
Greater Manchester
WN4 9BJ

Tel: 01942722988
Website: www.hc-one.co.uk/homes/ashton-view

Date of inspection visit:
15 May 2019
20 May 2019

Date of publication:
25 June 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?	Good

Summary of findings

Overall summary

About the service:

Ashton View Care home is owned and managed by HC-One and is situated in the centre of Ashton in Makerfield, Wigan. The accommodation is provided in three separate units. Evans unit (General Nursing) is situated on the ground floor, Gerrard unit (Dementia Nursing) is situated on the first floor and Pilling unit (Residential) is on the second floor.

People's experience of using this service:

We carried out this comprehensive inspection on 15 and 20 May 2019. At the time of the inspection there were 55 people living at the home. We found improvements had been made since our last comprehensive inspection in March 2018.

We have made two recommendations regarding the recording of safeguarding concerns (Safe) and dementia friendly environments (Effective).

People said they felt safe living at the home, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.

Maintenance checks of the premises and the servicing of equipment was carried out throughout the year to ensure they were safe to use.

There were enough staff to care for people safely.

People received their medication safely.

Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

People's mental capacity was kept under review and deprivation of liberty safeguards (DoLS) applications were submitted to the local authority as required.

Staff received the necessary training and support to help them in their roles. Staff supervisions and appraisals were carried out and gave staff the opportunity to discuss their work.

People told us they liked the food available and we saw staff supporting people at meal times, if they

needed assistance. Where people needed modified diets due to having swallowing difficulties, these were provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

There were a range of activities available for people to participate in and we observed these to be well attended by people living at the home during the inspection.

We received positive feedback from everybody we spoke with about management and leadership within the home. Staff said they felt supported and could approach the home manager with any concerns they had about their work.

Rating at last inspection:

Our last inspection of Ashton View Nursing Home was in March 2018. The overall rating at that inspection was 'Requires Improvement'. The report was published in May 2018. The ratings for each key question were as follows:

Safe – Requires Improvement
Effective - Good
Caring - Good
Responsive - Requires Improvement
Well-led – Requires Improvement

We identified regulatory breaches regarding person centred care and good governance and issued requirement notices which were then followed up at this inspection.

Why we inspected:

This inspection was carried out inline with our inspection methodology timescales services rated Requires Improvement.. This meant we needed to re-inspect within 12 months following the publication of the last report.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Good' rated services, however if any further information of concern is received, we may inspect sooner.

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.

Ashton View 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.'

Inspection team:

The inspection team consisted of two adult social care inspectors and an assistant inspector on the first day. The first day of the inspection was also supported by an expert by experience. An expert by experience has personal experience of caring for, or living with someone with care needs similar to people living at Ashton View. The second day of the inspection was carried out by one adult social care inspector only.

Service and service type:

Ashton View Nursing Home 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:

The first day of the inspection was unannounced. This meant the service did not know we would be visiting on this day. However, we informed the registered manager we would be returning for the remaining day of the inspection and announced this in advance.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked closely with the home.

During the inspection we spoke with the registered manager, area director, area quality director, 10 care staff (from both the day and night shift), five people living at the home and one visiting relative.

We reviewed 10 care plans, five staff personnel files, 10 medicine administration records (MAR) and other records about the management of the home to help inform our inspection judgements about the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

At our last inspection in March 2018, this key question was rated as Requires Improvement. This was because we identified concerns regarding the maintenance of the premises.

Systems and processes to safeguard people from the risk of abuse

● People living at the home and relatives told us they felt the home was a safe place to live. One person said, "Yes, I do, perfectly safe. I feel safe because the staff are very helpful." Another person said, "Yes, there is always someone knocking about and if I need someone they come and help me." A relative added, "There are plenty of staff to look after my husband. He has deteriorated since he came due to the progression of his illnesses, but they are looking after him well."

● Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A log of safeguarding incidents which had occurred within the home was maintained. Where any allegations of potential abuse had been identified, we saw alerts had been submitted to the local authority for further investigation. Some body maps lacked detail about the causes of unexplained bruising, although following further investigation, the registered manager identified this detail was recorded within other documentation at the home.

We recommend body maps are completed in more detail, fully taking into account the reasons for any mark and bruising found on people.

Assessing risk, safety monitoring and management

● Risks to people's health and safety were well managed

● Each person living at the home had their own risk assessment in place covering areas such as mobility, falls, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's evacuation needs in an emergency.

● People at risk of skin breakdown had appropriate equipment in place such as pressure relieving cushions and mattresses. Records were also maintained by staff when they helped people to change position in bed to relieve the pressure on their skin.

● We looked at how people were supported to maintain good mobility. People had mobility care plans in place, detailing the support they required from staff. People had access to the necessary equipment such as

walking frames to increase their independence. We also observed staff using hoists safely and explaining to people what was happening to keep them calm.

● The premises were well maintained, with records of work completed documented on safety certificates when servicing had been carried out to the building or any equipment.

Staffing and recruitment

● Enough staff had been deployed to safely meet people's needs. Staff recruitment was on going at the time of the inspection and there had been some instances of staff absence occurring at short notice. We saw staff worked well together however and the feedback we received was that people's care was not compromised as a result of reduced staffing levels.

●Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.
Using medicines safely

● Medicines were managed in a safe and proper way

● We found people's medication was administered, recorded and stored safely. Medicines were stored securely in a locked treatment room on each floor which could only be accessed by staff. People's medication administration records (MAR) were completed accurately. We observed staff giving people their medication during the inspection and explaining the reasons why it needed to be given.

● Medication fridges were available to help keep medicines at the correct temperature. Controlled drugs were in use and staff carried out a stock check to ensure all controlled drugs could be accounted for. These were signed for by two staff when administered to confirm they had been given. Creams were stored securely to ensure they could not be accessed and used unsafely.

● Staff had received training regarding medication and displayed a good understand about how to ensure people received their medicines safely.
Preventing and controlling infection

● We found the home was clean and where any odours were present, measures were taken to minimise these during the day. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring peoples bedrooms were fresh and tidy.

Learning lessons when things go wrong

● Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

Good

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.

At our last inspection in March 2018, this key question was rated as Good.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.

● Staff confirmed training had been provided in MCA and DoLS and demonstrated a good understanding about when DoLS applications needed to be made and when any decisions needed to be taken in people's best interests.

● DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment. Mental capacity assessments were undertaken about people's abilities to make their own choices regarding their care.

● People had been able to give written consent where possible and this was recorded in their care plan. Where people were unable to give their own consent, this was done by relatives who acted in their best interests and had power of attorney (POA).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● The care and support people needed to receive from staff had been captured as part of the admission process and was recorded within care plans.

● Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives we spoke with, said they were consulted about the care provided and felt involved.

Staff support: induction, training, skills and experience

● An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. The induction was based around the care certificate which is used if staff had not worked in a care job previously and is recommended to be used by care providers.

● Staff spoke positively of the training provided and said enough was available to support them in their roles. We viewed the training matrix which showed staff had completed training in areas such as moving and handling, safeguarding, dementia awareness, infection control, health and safety and fire awareness.

● Staff supervisions were carried out and gave staff the opportunity to discuss their work. Appraisals had been scheduled and we were told these were to be completed by July 2019.

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

● People and relatives we spoke with were complimentary about the meals provided. One person said, "I think it is good, we get enough to eat." Another person said, "Its brilliant, I like all of it."

● Staff supported people to eat and drink at meal times, as required. Other people were able to eat independently and this was something that was promoted by staff.

● We saw people received food and drink of the correct consistency, such as fork mashable diets, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed sufficient levels of fluids were consumed by people

● People's weight was regularly monitored. Where people had lost weight, we saw they had been appropriately referred to other health care professionals, such as the dietician service for further advice.

● The home had a dining room on each unit and we observed the meal time experience on each. People were offered the choice of what they would like to eat and were asked if they would like second helpings once they had finished.

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

● People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home. Professionals such as district nurses, podiatrists and opticians regularly visited the home to assist people with their care and offer advice. The registered manager had arranged for a community dentist to visit following the inspection, to assist people with their oral hygiene.

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

● We looked around the premises to ensure they were suitable for people living at the home. Other than a number, we noted people's bedrooms were not always easy to identify, with no memorable information, or a photograph of the person to make it easier to locate. We spoke with the registered manager about consulting people to check if this was something they would like to have on their bedroom door.

● Whilst we saw parts of the home had been adapted to make them easier to locate, such as toilet seats and handrails, this was not always consistent throughout the home.

Therefore we recommend the home reviews appropriate guidance about how to make the home more 'Dementia friendly'.

Good

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 in their care.

At our previous inspection in March 2018, this key question was rated as Good.

Ensuring people are well treated and supported; respecting equality and diversity

● People and their relatives spoke positively about the standard of care provided and that staff treated people well. Staff were described as being kind, caring and considerate. One person living at the home said, "The staff are lovely, good and kind. They are all nice to me." Another person said, "Brilliant, truly, they will do anything for you." A relative also said, "Yes, the staff are great. They always take the time to sit and talk to him."

● Staff were kind and caring and we observed a number of caring interaction between staff and people who lived at the home. This included providing people with blankets if they felt cold and ensuring people applied sun cream if they went to sit outside in the sun.

●People's equality, diversity and human rights (EDHR) needs were taken into account and recorded in their care plan. At the time of the inspection, there was nobody living at the home who had any particular EDHR requirements, however staff told us people would be treated equally regardless of their age, gender and race.

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

● Resident and relatives meetings were held so that people could express their views about the care and support they received. Questionnaires had also been sent, seeking people's views and opinions about the service. Reviews of people's care had also taken place which presented the opportunity for people and their families to influence the care being provided.

● A relatives and carers group had been set up following a post from a family member on social media. This enabled both relatives and carers to discuss ways to improve the home and had let to volunteering opportunities becoming available at the home.

Respecting and promoting people's privacy, dignity and independence

● During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them. Doors were

always closed when personal care was in progress.

● Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using any necessary equipment such as a zimmer frame. People were also encouraged to pot plants in the outdoor garden and do this independently if they were able to.

Good

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.

At our previous inspection in March 2018, this key question was rated Requires Improvement. This was because the care being delivered was not always reflective of people's needs and preferences.

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

● The home was responsive to people's needs. Staff had worked closely with physiotherapists to assess people's mobility, to enable them to sit in chairs after being cared for in bed previously. A number of people had also returned home after previously being placed at the home on a permanent basis.

●Each person living at the home had their own care plan in place and we reviewed 10 of these during the inspection. We noted they were completed with good detail and provided information for staff about the care and support people needed.

●Staff maintained records about when people's personal care had been attended to and pamper sessions had been arranged so that aspects of peoples person care could be attended to.. However we identified some gaps in records on personal care charts, particularly relating to oral hygiene and upper/lower body washes. People's care plans also lacked information about aspects of people's personal care such as the assistance they needed to brush their teeth and keep their nails clean. We raised this with the registered manager who assured us people's care plans would be updated to capture this information.

● People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.

● The service was meeting the requirements of the accessible information standard (AIS). This is used to ensure people with any particular sensory impairments have their needs met by staff. Care plans contained information about people's communication and if they required the use of any sensory equipment. Where any sensory equipment was needed, we observed these were being worn by people during the inspection.

● There were different activities available for people to participate in if they wished to. An activity planner was in place with events such as aqua painting, cards games, dominoes and reminiscence sessions. Children from a local nursery also visited the home, with photos displayed on some of the units showing people enjoying themselves. The home has a roof top garden which is accessed on Pilling Unit. Gardening sessions were held with people living at the home and we saw people sitting outside in this area during the inspection. Trips out to local attractions in the area were also arranged.

Improving care quality in response to complaints or concerns

● People knew how to provide feedback about the care they received and information about how to make a complaint was displayed on the main notice board in the reception area.

●A central log of complaints had been kept and we noted responses had been provided where people had been unhappy with the service they received. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.

End of life care and support

● The home provided end of life care to people as necessary. People's care plans took into account theirs wishes as they approached the end of their life and how they wanted their care to be delivered. Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's choices were respected regarding being resuscitated during an emergency. Statement of intents (issued by the person's GP when approaching end of life) were put in place with authorisations from the person's GP as needed and end of life care medication was ordered and could be given to people when the time was right.

● The home worked closely with Wigan and Leigh Hospice and regular training was provided to the staff team.

● Advance care plans had also been created and were used by staff when required.

Good

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 in March 2018, this key questions was rated as Requires Improvement. This was because governance systems within the home were not always fully effective.

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

● Following our last inspection, the home sent us an action plan, detailing how the regulatory breaches identified would be addressed. We found the necessary improvements had been made since our last inspection.

●The home also participates in service improvement plan (SIP) meetings facilitated by Wigan local authority and this provides the opportunity to provide an update to relevant professionals about how things are progressing at the home.

● The staff spoke of the positive culture within the home that was open and inclusive. All the staff spoken with said staff worked well together and supported each other to provide good care to people. Staff said the registered manager was working hard to make a difference to standards at the home.

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

● There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

● Statutory notifications were submitted to CQC as required where any safeguarding incidents, serious injuries, or expected/unexpected deaths had occurred. This meant we could respond accordingly.

● As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection ratings were displayed in the main reception area and also on the HC-One (the provider) website.

Continuous learning and improving care

● A range of quality assurance systems were in place at the home to ensure the quality of service was being monitored, known internally as the 'Cornerstone system'. Audits in place covered areas such as care plans,

safeguarding, accidents and incidents, complaints, health and safety, building maintenance and weights. These were up to date and had been completed as recently as April 2019.

● Staff meetings were held and could be attended by both day and night staff. Staff told us they felt listened to and that any concerns were acted upon. Staff hand overs took place between each shift and enabled staff to understand how people were and if any actions needed to be completed relating to their care and support.

Working in partnership with others and community links

● The home worked in partnership with other organisations. This included a range of other healthcare professionals in the area, such as district nurses, social services and local hospitals.

● A number of community links had also been developed. This included local nurseries and churches. Relationships had also been strengthened with the police, following an increase in anti-social behaviour in the area.