

Ashgrove House Care Limited

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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

About the service

Ashgrove House is a residential care home providing accommodation and support for up to 33 older people, some of whom live with dementia. At the time of the inspection the home was fully occupied.

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

People spoke positively about the care and support provided and felt staff had a good understanding of their individual needs, wishes and preferences. People's relatives were confident their family members were safely and effectively cared for. A range of activities were provided both in and away from the home providing variety to people's daily routine.

There was evidence to show on-going compliance with the regulations in relation to staff training and support, infection control, safeguarding and complaints, health care & nutrition, health and safety and maintenance checks.

People received their medication as prescribed. Additional locks to cupboards were provided to ensure stocks of medicines were kept secure and documentation to record the use of thickeners and creams were to be implemented.

Electronic care records were seen exploring all areas of care and support including people's goals, aspiration, preferences and wishes. Where risks to people's health and wellbeing had been identified, these were assessed and planned for.

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

People had access to a range of healthcare support so that their health and well-being was maintained. Suitable arrangements were in place to meet people's nutritional needs. The kitchen was clean, well-organised and the dietary needs of people were understood by kitchen staff.

A review of records, feedback received and our observations showed sufficient numbers of staff, who had been safely recruited, were available to respond to people's requests for help.

An on-going programme of training and support was provided to help ensure staff had the knowledge and skills needed to support people safely and effectively. Staff spoken with felt the service was well run, there was good team work and felt supported in their role.

Ashgrove provided a good standard of accommodation that was clean and well-maintained. Suitable aids and adaptations were available to aid people's mobility and promote their safety.

There was evidence of on-going management and oversight of the service. Opportunities were provided for people, their relatives, professionals and staff to share their views about the service. Regular audits and checks were completed to monitor and review the standards of care. Any themes or patterns were explored, such as accidents or incidents, and an action plan was put in place to evidence improvement to be made.

Systems were in place for recording and responding to complaints.

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

Rating at last inspection:

The last rating for this service was Good. (Published December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ashgrove House Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Ashgrove House 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

This inspection was carried out on the 11 and 12 June 2019. The first day of inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No issues or concerns were raised with us.

We used the information the provider sent us in the provider information return (PIR). This is where the provider gives us some key information about the service, what they do well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection:

We spoke with 15 people who used the service and five relatives about their experience of the care provided. We spoke with nine members of team including two directors, the registered manager, deputy manager, two care worker, activity worker, a housekeeper and cook. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including medication administration records (MARs), the care records for three people, four staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

Following the inspection:

Immediately following the inspection, the registered manager sent us photographic evidence to show that additional locks had been fitted to a medication cupboard and the medicines trolley had been secured to the wall. We were also shown new documentation which had been introduced with regards to the use of topical creams and thickeners.

A sixth relative also contacted us following the inspection wanting to share their views about the service. Their comments have also been included within the report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's prescribed medicines, including controlled drugs were appropriately stored in a locked medication room. The medicines trolley had been secured and additional locks had been fitted to one of the store cupboards, so that items were kept safe. Staff responsible for the administration of people's medicines had completed relevant training and had their competency assessed.
- We found the application of topical creams and use of thickeners (This can help with the swallowing of foods and fluids safely), were not always recorded. Immediately following the inspection, we were shown new documentation which had been introduced for staff to complete.
- Protocols, to guide staff on the use of 'when required' (PRN) medicines were in place. These provide details of how much to give, when to administer and what signs to look for that may indicate the medicine may be required, particularly for those people unable to express their needs.
- Records showed that medical advice had been sought and a best interest decision made where people received their medicines covertly, (this involves disguising medication by administering it in food and drink).
- Regular audits of the management, storage and administration of medicines were undertaken. Any actions identified were recorded and promptly acted upon.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe and well cared for. They told us, "I would rather be here, it is safer for me. When I was living in my flat, I fell and there was no one to help me when I needed help", "Staff keep a constant eye on you", "I never felt safer till I came here." People's relatives also felt their family members were protected, adding "Knowing he is looked after so well means that I can sleep easy at night", "The reason why I think Ashgrove is safer is that since my mum's been accepted to live here, she has never had a fall" and "When I go on holidays, I have peace of mind, knowing that my mum is being kept safe and looked after very well."
- Policies and procedures as well as staff training were provided to help protect people from abuse or poor practice. Staff knew how to identify and report any safeguarding concerns.
- We were not aware of any issues or concerns regarding the safety of people living at the home. This was confirmed by the local authority.

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

- Potential risks to people's health and wellbeing were assessed and planned for, such as risk of falls, weight loss or pressure care. Where necessary additional monitoring and checks were completed so that changing need could be quickly responded to.
- We observed staff supporting people when using the hoist and wheelchairs. This was done in a safe and sensitive manner.

- Electronic records were held of any accidents and incidents. These were kept under review to check appropriate action had been taken and if any themes or patterns had developed, which required further intervention.
- Environmental audits were carried out to check the premises and equipment were safe to use. Records showed regular internal checks as well as external servicing were undertaken with regards to fire safety, gas and electric supplies, lifting equipment and water temperatures. This helped to keep people safe.

Staffing and recruitment

- Sufficient numbers of staff were available. The staff team was consistent, with some members of the team having worked at the home for many years. The service did not use agency staff.
- We saw people's request for help were responded to in a prompt and timely manner. Comments from people and their relatives about the staff included, "I can't remember the last time I was cared for by agency staff, "You press the bell, pretty soon they respond", "Staff keep a constant eye on you", "Staff do their utmost, always busy but always caring" and "When there has been a shortage, [registered manager] will deal with it quickly by getting regular staff to cover."
- Staff spoken with felt there were enough staff on duty. The daily routine was said to 'flow' as there were clear defined roles and the team worked well together.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Relevant information and checks had been completed, including references, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions about applicants' suitability for work.

Preventing and controlling infection

- Effective infection control and cleaning practices were in place. The home was clean and free from malodours. One person commented, "The place is spotless, you can see and smell it for yourself."
- Handwashing facilities were available in all areas where personal care was provided. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

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.

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; 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.

- The registered manager monitored the application and renewal of all DoLS applications to ensure guidance was complied with.
- A review of people's records showed their consent had been sought regarding their care, medication support and management of personal information. Where people's relatives made decisions on their behalf we saw legal authorisation was in place for them to do so.
- Where people were not able to make a decision for themselves, a best interest decision was made involving relevant people. These decisions considered the least restrictive options for the person.
- Pre-admission assessments were completed to make sure people's needs could be met at Ashgrove House. Assessments contained information about people's medical, physical and emotional needs, including levels of support required and any known risks. Individual support plans were kept under review so that information reflected people's current and changing needs.

Staff support: induction, training, skills and experience

- A programme of training and support continued to be provided for staff. This included a range of e-learning courses as well as practical training. Electronic records that were maintained to monitor training had been completed and were up to date. A new member of staff told us they completed an induction and shadowing prior to commencing work and had been provided with details of training to be completed.
- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.

- All the staff we spoke with felt the team worked well together. One staff member said, "I feel supported, I enjoy coming to work." Another added; "We know what needs doing, there's good team work."

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

- From our observations and comments received, we found people enjoyed the meals provided. We were told, "I love, love food here, it is lovely and always fresh, I am not just making it up", "The food is never the same, if you don't like what's being served, staff will fix you something else" and "The tables are set in advance, that way we can stimulate our appetite." The relatives of two people felt the dietary needs of their family member were met. Adding, "I usually help my mum with feeding, the food always looks delicious" and "My wife eats all her food, she is gaining weight."
- Menus provided a choice of meals throughout the day. We were told 'themed' lunches from around the world had been discussed with people. An Italian meal had been enjoyed and on the first day of inspection a French lunch was being served.
- Referrals to dieticians and speech and language therapists had been made where people were at risk of losing weight or choking. Additional guidance was provided for care and kitchen staff so that people's specific dietary needs were catered for to help reduce such risks.
- Staff continue to be provided with training in food hygiene. In January 2019 the service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who regulate food safety and food hygiene.

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

- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home. Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process.
- People and their relatives felt staff responded promptly to changing needs to help keep them well. Comments received included; "I have not seen my GP for a long while, that's how well they look after me here", "If I need a GP, they get me one", "My mum has no complaints about anything of the sort, she gets a GP or a referral when needed" and "I feel that I should also mention the hard work which [registered manager] has contributed by always striving to get my Dad the best equipment to ensure that he is comfortable and for monitoring his care."

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

- People were provided with clean, warm and well-maintained accommodation. On-going improvements were identified and planned for. Aids and adaptation were provided to help keep people safe.
- Bedrooms were personalised with people's personal items brought from home. One person who had recently moved into the home told us, "I'm very happy at the home, it's pleasant and lots of nice pictures." The relative of another person added, "All staff and management made it easy for my mum to settle in, her bedroom had brand new furnishings when she moved in."
- Some of the people living at Ashgrove House live with dementia. Whilst items such as coloured toilet seats and automatic lighting had been fitted, we discussed how the environment could be adapted further to help promote people's independence and orientation around the home. This was to be explored.

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.

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

- We saw that everyone was appropriately dressed, presentable and well groomed. One staff member we spoke with said, "I like being [role], my job is to make sure things are done and done correctly, but I like being hands on more, helping people with their personal care is very rewarding."
- We observed people being treated in a kind and respectful manner, this was supported by comments from people and their relatives. People and their relatives told us, "When the other home closed, we checked other nursing homes, this one is one of the very best in care", "Staff are always considerate, you can see compassion in their eyes, when they are helping you", "I am happy that my mum lives here. Myself I could live here anytime, staff are caring" and "Staff are very approachable, they treat you with such respect."
- Staff were helpful and friendly, and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed.
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, whether these be spiritual or cultural. The registered manager told us that training in equality and diversity was to be introduced for staff.

Respecting and promoting people's privacy, dignity and independence

- People's rights to a family life were respected. Visitors were seen coming and going throughout the day and were made welcome by staff. We were told, "Staff can't do enough for my Dad, they also extend their hospitality to me by saying "If you need anything just ask" and when I do ask they always provide" and "[Relative] is always treated with dignity and respect by all of the staff. The carers can't do enough for him, nothing is ever too much trouble. In my opinion, all of the staff at Ashgrove do a wonderful job."
- People said staff helped them to maintain their independence by encouraging them do what they could for themselves. We observed this during the inspection. Appropriate walking aids were provided, which enabled people to move around the home freely and safely.
- People's records were stored electronically. Information was password protected so that people's right to privacy and confidentiality was respected.

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

- People's wishes and feelings were sought when planning their care and support. Further opportunities were provided through the care reviews and resident meetings.
- We saw that people were able to make day to day decisions for themselves, as well as follow routines of their own choosing, for example what time they wished to rise or retire to bed. People told us, "I am fussy with food, but I always get what I can eat", "When I want to go to bed or out of bed, I decide" and "Whether I fancy a bath or a shower, I will tell someone."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

- People received care and support based on their individual needs, wishes and preferences. Information gathered as part of the pre-admission assessments, which involved speaking to people and their relatives, had been used to create their care plan. iPads were used to record interactions and support in a timely manner and in accordance with people's wishes.
- From our observations we found staff knew people well and delivered care in line with people's wishes.
- Those people, who could remember, and their relatives said they were actively involved in planning their care and support. People told us, "If you've got needs, staff help you, they are not stroppy" and "They [staff] are very informative, they tell you when you are having meetings with social worker or the GP." People's relatives also commented, "I attend all care reviews for my wife", "We've discussed what my mum's wishes are" and "I know my mum has a DNAR (do not attempt resuscitation), we discussed it."

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

- People continued to engage in activities and events in the local community whilst living at Ashgrove House. Staff were available to support people to access the local community, for example; visiting local shops, activities involving the local school and church. One person said, "Staff accompany me to shopping or to the market."
- Consideration was given to people's spiritual and cultural needs. People enjoyed visiting a dementia café held at the local church as well as the minister visiting the home. Holidays and festivals were also celebrated.
- People said there was 'always something going on' and they enjoyed taking part in the activities offered. They said, "There is entertainment every once in a while", "I like to take walks with [activity worker] when she is available", "We do games and exercises", "I love it when animals are brought in, I like stroking animals" and "We are never bored, we have a little natter with everybody." People's relatives also told us, "We went to the garden shop with my mum, bought some flowers, one of the staff helped her, joined by her friends to plant them in a raised plant bed outside", "My mum likes to keep her own company, if you offer her a book or newspaper, she is set for the day", "My wife likes going to the markets" and "{Activity worker} gets them involved in all sorts of things, bingo and lots more."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, recorded and met. Records showed that people had given their consent for this information to be shared with third parties, where necessary.

Improving care quality in response to complaints or concerns

- A copy of the complaint's procedure was clearly displayed within the home.
- People and their relatives said they felt confident to speak up if they had any issues or concerns. We were told, "If I weren't happy, I would tell someone", "Staff always ask if you are happy", "Staff are simply outstanding, very welcoming of you opinion, they listen", "My mum can speak for herself" and "My mum don't like to say much, but if something was wrong, she will tell me and then I will knock at the managers door."
- Information showed that any complaint or concerns were recorded and responded to in line with the home's procedure. This demonstrated people's comments were taken seriously and responded to.

End of life care and support

- People wishes at the end of their life and following their death are discussed with people and their relatives, should they wish to. This information is recorded within people's care records.
- The registered manager had completed end of life training as part of the 'Six steps programme'. They continued to meet with staff from other care settings to share their knowledge. This learning was shared with the staff team.
- We were told the service would worked closely with people's GP and the community nursing team to ensure they received appropriate care and support when approaching the end of their life.

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.

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;

- The service had a registered manager. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- Managers and staff had clearly defined roles and responsibilities. The team was seen to work well together and effective systems were in place to help keep them informed of people's current and changing needs so that timely and effective support was provided.
- Everyone we spoke with said the home was well managed and that the registered manager was approachable. People and their relatives commented, "There is nothing you can't talk about with [registered manager]", "She [registered manager] is always around, it is never difficult to know when she is not around", "Thanks to [registered manager], she is so involved with my mum's affairs, she sorts things out and I don't have to worry much anymore" and "[Registered manager] is special, there is nothing she won't do for the residents." A staff member also told us "I want to do mental health nursing, but I can't leave here, the mood is always good, the manager is hands on and very supportive."
- Prior to our inspection we checked the provider's website and saw that the rating awarded at the previous inspection was displayed, as required by law. This rating was also displayed in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team maintained oversight of the quality and safety of the service by completing a range of checks each month. The new electronic system alerted managers to tasks that had been not completed, for example care plan reviews, updates of risks assessments and completion of maintenance checks. This supported them to identify any areas for improvement, to ensure the service remained safe and of a high-quality.
- To promote continuous learning and improvement action plans and a business improvement plan had been developed. An example of this was exploring any patterns where accidents or incidents had occurred and the implementation of QR codes, situated outside each person's bedroom. The QR code is a type of barcode, which is scanned when staff complete nightly check to evidence people are safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere and culture within the home was positive. All the people we spoke with felt the home

strive to provide best outcomes for people. To help promote people inclusion the service provided a monthly newsletter advising people of events. A telephone app was also used to share pictures, with people's consent, of activities they had taken part in.

- People told us, "My family got me a place in here, it is better than being alone, we all get along well", "It is way better that being in [previous home], it is homely", "We have a good laugh with everyone, it is not as gloomy as where I came from" and "I was sceptical coming here, but everyone has made me feel welcomed." Three people's relatives added; "I feel confident in saying that Ashgrove is the best home I have been in", "I feel much involved in my mums affairs, [registered manager] always welcomes different viewpoints" and "We have been here for many years, I know what I need to know as a family member, because staff keep me in the loop."
- Staff were kept informed with information about people's changing needs being communicated through verbal and written handovers, which took place at the start and finish of each shift.

Working in partnership with others

- The service worked closely with other services so that people's assessed needs were appropriately met, and their health and well-being was maintained.
- Links had been developed within the local and wider community to help promote people's community presence as well as maintain their independence.