

Mrs M Wenlock

Ashfield House - Leominster

Inspection report

Bargates
Leominster
Herefordshire
HR6 8QX

Tel: 01568614662

Date of inspection visit:
15 May 2018

Date of publication:
31 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 May 2018 and was unannounced.

Ashfield 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. This service provides accommodation and personal or nursing care for up to 25 people. However, at the time of our inspection, the provider did not have anyone living at the home with nursing needs. There were 17 people living at the home at the time of our inspection, all of whom received residential care.

There was a registered manager in post, who was present during our inspection. 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.

At the time of our last inspection undertaken in October 2017, we rated the service as Requires Improvement. Breaches of Regulation were identified in relation to person-centred care; staffing; good governance; and failure to notify. At this inspection, we found some improvements had been made and the provider was no longer in breach of the Regulations regarding person-centred care, staffing and failure to notify. However, we found the provider remained in breach of the Regulation regarding good governance. We also identified an additional breach in regard to a failure to display the current rating.

Records associated with people's care were not always complete or accurate. Gaps were identified in records in regard to people's skin health monitoring and their dietary preferences. Although care plan audits had been carried out by the provider, these shortfalls had not been identified.

Where people had been identified as losing weight, it was not clear what, if any, action had been taken.

The provider had not ensured the current CQC rating for Ashfield House was visibly displayed for people and visitors. The previous rating was displayed, which was not reflective of the service's current position.

People received their medicines in line with their current prescriptions. Medicines were stored securely. Prescribed creams contained their opening dates, so staff could monitor these and ensure they were within their shelf-life.

There were enough staff to safely meet people's needs. The provider followed safe recruitment practice when appointing new staff.

Staff understood their roles and responsibilities in regard to protecting people from abuse and harm.

Staff received ongoing training and development in their roles, and they understood key legislation underpinning their practice.

People were able to navigate their way around their home and the environment was dementia-friendly.

People enjoyed positive and respectful relationships with staff. People's dignity was maintained. People's independence was promoted as much as possible.

There were in-house, and some external, social and leisure opportunities for people to enjoy.

People's care plans captured their preferences, wishes, needs and interests, and staff used these to inform their practice. There was a system in place for responding to and acting on feedback, complaints and suggestions.

Staff felt supported and motivated in their roles. Links had been established with the local community for the benefit of people living at Ashfield House.

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.

There were enough staff to safely meet people's needs. People were protected from harm and abuse.

People received their medicine safely and in line with their prescriptions. People were protected from the risk of infection.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Whilst there was a system in place for monitoring people's weight loss, action had not always been taken where weight loss was identified.

Staff received ongoing training, guidance and support in their roles. The living environment for people was dementia-friendly, with a purpose built dementia wing.

People had access to healthcare professionals, when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People's independence was promoted, as much as possible.

Staff understood people's individual communication styles and needs.

Is the service responsive?

Good ●

The service was responsive.

People enjoyed social and leisure opportunities within the home and in the local community. Care plans were person-centred and reviewed regularly to ensure they reflected people's current needs and preferences.

There was a system in place for capturing and responding to complaints, comments, feedback and suggestions.

Is the service well-led?

The service was not always well-led.

The provider's monitoring of people's care needs was still not always effective on identifying and acting on shortfalls. Records associated with people's care were not always up-to-date or completed. The provider had failed to display their current rating, as required by law.

Links had been established with the local community for the benefit of people living at Ashfield House. Staff felt valued and supported in their roles.

Requires Improvement 

Ashfield House - Leominster

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 took place on 15 May 2018 and was unannounced. The inspection was carried out by two inspectors.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the Local Authority for any information they had which would aid our inspection. We used their feedback as part of our planning.

We 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 spoke with six people who lived at the home, and three relatives. We spoke with the registered manager; a nurse; three care staff; the cook; and a visiting hairdresser. We looked at four care plans, which contained healthcare information; mental capacity assessments; risk assessments; reviews of people's care and pre-admission assessments. We also looked at five staff pre-employment checks; the provider's quality assurance records; weight monitoring records; skin integrity monitoring records; medication administration records; and complaints, comments and feedback received.

Is the service safe?

Our findings

At our previous inspection in October 2017, we rated this key question as Requires Improvement. At this inspection, we found improvements had been made. This key question is now rated Good.

At our previous inspection, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were deployed as cleaners as well as carers, which meant there were not always enough staff to safely meet people's needs. At this inspection, we found improvements had been made and the provider was no longer in breach of this Regulation.

The provider had employed a cleaner to undertake a weekly 'deep clean' of the home, with staff spending 1.5 hours' a day on daily cleaning duties. Staff we spoke with felt there had been an improvement in this regard. One member of staff told us, "Things are a lot better than when I first came here. Staffing levels are much better." Another member of staff told us, "We make time to sit and engage with people. I have no concerns about staffing levels." We saw throughout our inspection that people did not have to wait long when they needed staff assistance. We also saw staff had time to respond to people's emotional needs, as well as their mobility and safety needs. People and relatives we spoke with did not express any concerns about the staffing levels at Ashfield House. One person we spoke with told us, "There haven't been any recent occasions where I have felt more staff are needed." A relative we spoke with told us, "I always come away from here knowing that [person] is safe and looked after."

The provider followed safe recruitment procedures when appointing prospective members of staff. We looked at the pre-employment checks of five new members of staff, and found references and checks with the disclosure and barring service ("DBS") had been carried out before the staff started work at the home. The DBS helps prevent unsuitable people from working in care.

At our previous inspection in October 2017, we found that medicines were not always stored safely, and that medicine administration records ("MAR") contained gaps, which meant it was not always possible to ascertain whether medicines had been given. At this inspection, we found improvements had been made.

Ashfield House used a 'blister pack' system for the storage of people's medicines. 'Blister pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the service. The pack has a peel off plastic lid and lists the contents and the time the medication should be administered. We found all medicines were stored securely in a metal trolley, which was secured to wall in office. Where medicines required cold storage, daily records of temperatures were maintained.

We looked at a five MARS, which recorded when and by whom medicines were administered to people. The records were up to date without omissions. Information was available in the form of individual protocols, to guide staff as to how to safely administer 'when required' medicines (PRN). Prescribed creams recorded opening and expiry dates, and were administered in line with people's prescription. Staff administering

medication confirmed they had received training, and had competency checks to ensure they were safe to administer medicines.

Staff understood their roles and responsibilities in regard to protecting people from abuse and harm. One member of staff we spoke with told us, ""If I thought someone was being abused, I would have no problems reporting it. If nothing was being done I would report higher up. I'm confident they (management) would take the correct action." Staff had received training in safeguarding, and were aware of recent safeguarding concerns the provider had reported to the Local Authority and to the CQC. The registered manager told us where the authorities had been notified of a safeguarding concern, this was always shared with the staff team.

People were protected from the risk of infection. Weekly and daily cleaning schedules were in place, and the home was clean with no malodours. Relatives we spoke with praised the clean environment within the home and told us they had no concerns in that regard. Monthly infection control audits were carried out to ensure any concerns were identified and addressed. At the time of our inspection, the kitchen at Ashfield House had been awarded the maximum five stars for food hygiene by the Food Standards Agency.

Risks with individuals' care and support needs had been assessed, with guidance in place for staff to follow to keep people safe. For example, some people living at Ashfield House needed two members of staff to assist them with their mobility needs or the use of a hoist. We saw staff followed these risk assessments and understood people's individual safety needs. Where possible, people were involved in decisions about keeping themselves safe. For example, one person had requested bed rails to be used on their bed at night, as this made them feel more secure.

Is the service effective?

Our findings

At our previous inspection in October 2017, we rated this key question as Requires Improvement. At this inspection, we found the key question remains as Requires improvement.

Although people's weight was being monitored and recorded in their care plan, it was not always clear what action had been taken when weight loss was identified. One person had lost 3.3 KG over a period of four months. A malnutrition universal screening tool ("MUST") was in place for the person, which recorded they were at risk of malnutrition. We spoke with the person's relative, who told us maintaining a healthy weight was an ongoing concern for the person and that they struggled to eat enough. The relative told us they believed the home was managing the person's weight well. However, the person's care plan did not state what action had been taken about the person's continual weight loss over the last few months, and recorded the person was "eating well." We spoke with the cook, who told us there were currently no concerns about anyone's weight, and no-one required fortified or high-calorie meals. We asked the registered manager what action had been taken, such as a referral to the person's GP, but they were unsure of any action taken as they told us the senior care staff were responsible for people's weight monitoring.

A second person living at Ashfield House had also lost weight over the course of the last few months. We asked the registered manager whether this had been discussed with the person's GP, which they confirmed had not been. The registered manager told us they would delegate the responsibility of weight monitoring and acting on changes to people's weight to the nursing team, and that people's weights would now be taken weekly where weight loss had been identified. They also told us they would arrange for both people to be seen by their GPs regarding their weight loss.

People were offered snacks and drinks throughout the day, and there was fresh fruit available in the communal lounge. As it was a warm day during our inspection, staff were vigilant to ensuring people had drinks throughout the day. People had a choice of hot and cold drinks, and light snacks.

At our previous inspection, we found staff did not always have an understanding of the Mental Capacity Act, and the relevance of the act to their daily practice. 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.

At this inspection, staff had received additional guidance and support in this area. For example, the registered manager had provided staff with a small guidance booklet to keep with them during work, which set out the five key principles of the Act. There were also notice boards on display which set out information about the Act. Staff we spoke with were able to explain to us the key principles of the Act. They had an understanding of capacity, choice, consent and least-restrictive practice.

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 reviewed a sample of DoLS authorisations in place, and found where there were conditions associated with people's DoLS, these were being complied with. For example, one person's condition was in regard to regular input from a physiotherapist. Another person's DoLS condition was in regard to covert medicines and ensuring the best interest decision-making process was followed.

People and their relatives told us they felt staff had the necessary skills and knowledge to undertake their roles effectively. One relative we spoke with told us, "The staff all cope very well. They have the right approach and attitude, and their interactions with people with dementia are very good." Another relative we spoke with told us, "Staff have had to deal with challenging matters with my [relative]. They have dealt with it appropriately and kept us informed. I'm confident they can intervene and distract my [relative]. . They do manage my [relative's] needs effectively." Staff told us they had ongoing training, support and guidance in their roles. One member of staff told us, "The training is good; it is comprehensive. I have recently had (refresher) moving and handling training. I have also completed training books in medication, dementia and end-of-life care." This was reflected in staff training records we looked at. The registered manager told us the provider would be introducing annual staff competency checks as a further measure to ensure ongoing effectiveness in their roles.

Although we were concerned people's weight loss had not always been referred to, or discussed with their GPs, people had access to a range of other health professionals as and when needed. This included physiotherapists, district nurses, chiropodists and opticians. People and relatives told us staff took action where there were concerns about a person's health. Care plans contained healthcare information, such as medical appointments attended and any guidance from health professionals for staff to follow. At the time of our inspection, no one living at Ashfield House needed input from the speech and language therapy team regarding specialist diets or thickened fluids. However, the provider was aware of the importance of making these referrals if and when people's needs changed.

In the last 12 months, the provider had built a nursing wing and communal area onto the home, which was also available for people living at the home who did not require nursing care. This wing was dementia-friendly, with clear signage for people and provided people with a choice of a 'quiet' lounge area. We saw two people in particular make use of this lounge area, with one person telling us they enjoyed spending their time there in the day, quietly reading a book. We saw people move freely around the home throughout our inspection, and that they made use of both wings of the home.

Is the service caring?

Our findings

At our previous inspection in October 2017, we rated this key question as Requires Improvement. At this inspection, we found improvements had been made and we have now rated this key question as Good.

At our previous inspection, we found people were sometimes placed in undignified situations. Since that inspection, the provider now ensured people and visiting health professionals had access to a treatment room, rather than people having their needs attended to in a communal area. The registered manager told us there was a strict policy on this, which they enforced. They told us they had recently reminded a visiting health professional of the need to maintain people's dignity and had re-directed them to the discreet treatment room instead.

People and their relatives told us staff maintained people's dignity and treated them with respect. One person we spoke with told us, "They [staff] support me with personal care, it's a very difficult job, but I am never made to feel awkward. They do respect my privacy and dignity at all times." A relative we spoke with told us, " [Person's] hair is always done, their nails, and their face. They [staff] are very discreet and sensitive in their approach. They recently mentioned to me that [relative] needed some deodorant, which I was grateful for."

People and their relatives spoke positively and warmly about the caring approach of all staff. One person we spoke with told us, "Overall, I am happy and content. The staff are very good and considerate and respectful. I certainly feel safe living here." One relative we spoke with told us, "The quality of care is excellent. They (staff) are always gentle and kind." We observed staff knew people well and that people were comfortable and relaxed whilst speaking with staff.

We spoke with the registered manager about their and the provider's approach to equality, diversity and human rights. The registered manager told us there was an open-minded approach at the home, and they would welcome same-sex couples, as well as people who may be transgender. The registered manager told us they were going to contact a national lesbian, gay, bisexual and transgender ("LGBT") campaign group for advice and guidance on how to make their pre-admission assessments sensitively and respectfully capture any LGBT related needs a person may have.

Relatives told us, and we saw that, they were involved in people's care plans, including any subsequent reviews. One relative we spoke with told us, "I have been involved in reviews of care, which has included social workers." People's care plans contained information about their communication needs, styles and preferences. We saw staff tailored their communication style for each individual, and they understood people's way of communicating. For example, one person made a particular sound when they were excited or happy, which staff responded to.

People's independence was promoted, as much as possible. One member of staff we spoke with told us, "We encourage people to be independent by allowing them to make choices, encourage them to wash and dress themselves, and be as independent as they can be." A relative we spoke with told us, "What I really like

is how they [staff] encourage [person] to retain some independence. [Person] had difficulty standing before they came here, but with staff encouraging [person] to stand up by themselves, they have greatly improved."

Is the service responsive?

Our findings

At our previous inspection in October 2017, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans did not always contain personal information about their life histories, likes, dislikes and preferences. We also found people were not able to enjoy their individual hobbies and interests. At this inspection, we found improvements had been made and the provider is no longer in breach of this Regulation.

Since our previous inspection, the provider had made links with a local university, and a health and social care student had been attending the home a few hours' a week to provide group activities for people. Staff had also been deployed to take people out into the local community, and to provide social and leisure opportunities within the home. On the day of our inspection, people joined in with a music quiz in the afternoon. One person told us they had enjoyed doing some planting in the garden this week. Another person told us they enjoyed the fitness class provided and trips out, but they would like for more trips to be arranged. We saw people had recently enjoyed a day out at a local garden centre, with plans in place for more outings. One relative told us about the trip to the garden centre, "They [staff] have taken them out to a garden centre recently. As a family, we thought they [relative] would never go. They [relative] were full of it when we later spoke to them." Relatives told us people had plenty to do. One relative we spoke with told us, "When [relative] moved in, one of my daughters made her a life story photograph album. I have visited before now and staff have been discussing it with [relative] on a one to one basis, which [relative] loves."

At our previous inspection, we found there was not always enough stimulation for people. At this inspection, rummage boxes, soft toys and 'twiddle muffs' were provided for people and were in use at the time of our inspection. One person told us about their twiddle muff, "I like it, it keeps my hands warm." One person was seen sitting with a large toy dog and was petting and stoking it.

People's care plans had been reviewed and now contained detailed information about people's individual backgrounds, needs, preferences, interests and wishes. For example, one person's care plan set out the people important to them, what they preferred to be called, and what they enjoyed talking about. Care plans we looked at had been reviewed on a monthly basis, with any changes to people's needs being updated. Staff we spoke with were familiar with the contents of these care plans and told us they contained the information they needed.

We considered whether the provider was complying with the requirements of the Accessible Information Standard ("AIS"). This standard requires publically-funded bodies to provide key information about people's care in a variety of formats for people who have sensory impairments. The registered manager told us there was currently no-one living at Ashfield House who required information, such as the complaints procedure and service user guides, in audio formats or Braille, but they would be able to cater for this.

At the time of our inspection, one person living at Ashfield House was receiving end-of-life care. Staff confirmed they had received training in this area, and felt confident in meeting this person's needs. The person's care plan demonstrated their end-of-life wishes had been discussed with them and their family

members, and consideration had been given as to meeting these needs.

People and relatives told us they knew how to make a complaint, give feedback or make a suggestion. One relative we spoke with told us, "Staff are very responsive. I have never had cause to make a complaint." However, they told us they knew how to go about doing this, should the need arise. Another relative told us, "I have completed a survey in the past. They actually responded to my [relative's] suggestion about seating arrangements in the new lounge." At the time of our inspection, there had been no recent complaints.

Is the service well-led?

Our findings

At our previous inspection in October 2017, we rated this key question as Requires Improvement. At this inspection, we found not all of the necessary improvements had not been made and the rating remains as Requires Improvement.

Registered providers are required by law to display their current ratings conspicuously and visibly at their premises. During our inspection, we found the current rating was not displayed, but the previous rating from 2015 was displayed. The rating at the time of our inspection was Requires Improvement, and the 2015 rating on display was Good. We brought this to the attention of the registered manager, who replaced the previous rating with the current one and told us they had not realised their error.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in October 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008. This was because audits carried out were not effective in identifying shortfalls in the quality and safety of care people received. We also found the provider had failed to maintain accurate, complete and contemporaneous records in respect of every person using their service. At this inspection, we found similar shortfalls in respect of these areas.

We looked at two skin health daily monitoring tools for people who had been assessed as high risk or very high risk of pressure sores. Both of these monitoring documents contained gaps where no information had been recorded. For example, one person's skin health was checked and documented on 7 May, then on 9 May, but then not again until 12 May. This gap was of particular concern as the entry of 9 May recorded the person had swelling to both ankles. We also found gaps in the records for April and March. We discussed this with the registered manager, who said, "Have they [staff] not been filling them in? I don't know what else to do as staff know they need to complete these and have been told." Regular audits of people's care plans had been carried out, but had not identified the gaps in the records. The registered manager told us they would now allocate the auditing of people's skin health records to the two nurses working at the home, and that these would be carried out weekly. The registered manager also told us the provider was looking to introduce an electronic care records system, which they believed would reduce the occurrence of people's care records not being completed.

As detailed previously in this report, we also identified concerns over the provider and registered manager's oversight of people's weight loss. The registered manager was not able to tell us what action, if any, had been taken where weight loss was identified. Therefore, we were not assured the provider's systems were effective in assessing, monitoring, and mitigating the risks relating to the health, safety and welfare of people living at Ashfield House.

Records regarding people's preferences, likes and dislikes had not always been maintained. Although there was a folder in the kitchen about people's allergies, preferences, likes and dislikes, the allergy information

was out-of-date as some of the people listed no longer lived at the home. This information had not been updated to reflect the current needs of people living at Ashfield House. Additionally, the individual preference sheets had not been completed. The cook told us as it was a relatively small home, they knew people's likes and dislikes. However, the cooking duties were shared throughout the week by three different cooks. The cook we spoke with told us, "I can't speak for the others (cooks), but I know what people like." During our inspection, there was one choice of meal available for people. Both the cook and the registered manager told us every person living at the home liked the dish on offer. However, one person asked for an alternative during their meal. By not accurately monitoring and recording people's preferences and changing needs and wishes, this placed people at risk of not having their nutrition needs and preferences met.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in October 2017, we found the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify the CQC of an incident of alleged abuse or harm at the home. At this inspection, we found the provider had submitted all appropriate notifications to the CQC and was no longer in breach of this Regulation.

People and their relatives were positive about the running of the home. One person we spoke with told us, "I know the manager; any issues I have get dealt with. I have confidence in them and their ability. It's a difficult job keeping us all happy." One relative we spoke with told us, "I have a good rapport with [registered manager] and [provider]. They keep me informed; communication is good. I find them very approachable." We observed positive interactions between the registered manager and people throughout the day, and it was apparent that people knew the registered manager well.

Staff told us they felt supported and valued in their roles. One member of staff we spoke with told us, "It's a lovely home; it's very supportive. It's amazing, to be honest." Another member of staff told us, "It's a good atmosphere here, where you can speak your mind. It's a good team and we pull together." Staff consistently told us they felt the registered manager and the provider were approachable, accessible and supportive. We found staff were enthusiastic in their roles and had a positive approach to their work.

Since our previous inspection, the provider had taken steps to establish links with the local community, for the benefit of people living at Ashfield House. For example, the registered manager had arranged for the Leominster Classic Motorcycle Club to attend a forthcoming 'vintage tea party' at the home. This was because a person living in the home had a particular interest in motorcycles, so this had been incorporated into a social event for everyone at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Whilst the provider had audits in place to monitor the quality and safety of the care provided, these were not effective in identifying shortfalls in people's care. Skin health records were incomplete, which had not been identified in the care plan audits. Where people's weight loss had been identified, it was unclear what action had been taken as a result.