North Yorkshire County Council

Ashfield (Malton) (North Yorkshire County Council)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
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 the 16 February 2016 and was unannounced. This service provides accommodation for older people who require personal care. The service can accommodate a maximum of 31 people. It is situated in the town of Malton and is close to local facilities and transport routes. There were 27 people living there on the day we inspected.

There was a registered manager employed at the service. 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.

Where people had identified conditions in their care plans the service had not always carried out a risk assessment or made sure that staff had a management plan in place which would guide them in the care of the person. The staff did know people well when we spoke to them. However, the information should be available for staff. We have made a recommendation about risk assessments and management plans.

Audits had not been carried out in all areas of the service so there was no formal means of identifying where improvements were needed. Record keeping was not consistent. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of the full version of this report.

Medicines were managed safely within the service. We observed medicines being given and saw that the member of staff did this with care. People's nutritional needs were met and people received nicely presented meals which they said they enjoyed. A choice of menu was offered with alternatives available if people did not like what was on offer.

Safe recruitment practices were used and staff had all necessary checks before being employed at this service. There were sufficient staff to meet people's needs on the day we inspected and rotas showed that these numbers were consistent. Staff were caring and showed this through being respectful and considerate of people. We saw different examples of positive interactions between staff and people who used the service during the inspection.

Staff knew people well and could tell us about them. We saw that people had access to a diverse programme of activities across the week. There was a dedicated activities room where crafts and other hobbies could take place.

Staff were aware of the Mental Capacity Act and able to tell us what it meant to deprive someone of their liberty lawfully. There were no deprivation authorisations in place at the service but the registered manager was going to review some people who used the service to be sure an authorisation was not necessary. Peoples consent was sought throughout the day and we saw that consents for care and support had been

signed by people in their care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Risk assessments and management plans had not been completed for people who had specific conditions.

Staff were recruited safely and there were sufficient staff to meet people's needs. They were aware of how to safeguard people and knew what to do if they witnessed any incidents of poor practice or abuse.

People received their medicines safely.

Is the service effective?

Good

The service was effective. Staff received effective training to meet people's needs and were supported through supervision by the registered manager and senior staff.

The service was working within the principles of the Mental Capacity Act. People were asked for consent before receiving personal care.

Peoples nutritional and hydration needs were supported.

Is the service caring?

Good

The service was caring. People we spoke with told us that staff were caring and relatives confirmed this. We observed positive interactions between staff and people who used the service.

Staff respected people's privacy and dignity. They were careful to give people choices.

Staff knew people very well. They were able to tell us about people's life history.

Is the service responsive?

Good

Peoples care needs were assessed before they came to live at this service and their care plans were personalised. They were reviewed regularly.

There was a programme of activities for people to take part in which was well advertised.

People knew how to make a complaint if they needed to and the policies and procedures had been followed when any concerns had been raised ensuring they were responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well led because the quality assurance system in place was not effective. It had not been identified that documentation relating to the risks around peoples health in care plans was not consistently completed..

Audits had only been carried out for some areas of the service which meant that there was no formal means of identifying where improvements were needed. Servicing of equipment and maintenance of the service was up to date.

Recent surveys had not been completed and so the service could not learn from peoples comments and make improvements to the service provided. The registered manager did have an open door policy which meant that people could give their feedback informal

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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 16 February 2016 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service including notifications. Notifications are made by a service to inform us of events that affect people who use the service or the way in which it is run. We used this information when planning our inspection

During the inspection we walked around the service and looked in every room with peoples permission. We spoke to four people who used the service and four relatives. We interviewed four care workers, spoke with the laundry assistant and interviewed the registered manager. We also spoke with a district nurse who was visiting a person who used the service.

We reviewed care plans, risk assessments and medicine administration records for three people. We inspected four staff files containing information about recruitment and training. In addition we looked at documents relating to the way in which the service was run. We saw staff and resident meeting minutes, audits, cleaning schedules and environmental risk assessments. We observed medicines being administered, joined people to eat over the lunchtime period and observed activities taking place.

During the inspection we spoke with a visiting healthcare professional and following the inspection we

contacted the local authority commissioners who both provided us with feedback about the service which was positive.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I feel safe here all the time" and another said, "Yes I feel safe." Two relatives told us," Our [Relative] is safe and we are happy with [Relatives] safety. Staff would talk to us if they were worried about anything."

We saw that risk assessments had been completed when there were risks to people's health and wellbeing in some cases. However, in others they were not completed and actions staff should take to minimise the risks were not clear. For instance for one person there was no risk assessment for their mobility but they had been identified as having falls so it was not clear what the particular risks were to this person. We observed that staff knew people well and could tell us about people's needs and how risks were managed which helped to mitigate the risks. It was clear that new staff were supervised during their induction but they would not be aware of the risks or how to manage them without input from more experienced staff which meant that people may not receive appropriate care.

Some people with specific health conditions which required a risk management plan did not have them completed in all cases. This meant that staff may not be aware of the actions they should take to maintain people's health. These conditions were identified in the care plans but in some cases there was little information for staff to assist them in caring for the person. However staff could tell us about the care they provided for people which to some extent mitigated the risks.

We recommend that the provider look at National Institute for Health and care Excellence (NICE) guidance around specific risk areas relating to peoples health.

Staff had been recruited safely. We looked at staff recruitment files and saw Disclosure and Barring Service (DBS) checks and two references had been carried out. DBS checks are used by employers to make safer recruitment decisions checking that the people they employ were suitable to work with certain groups of people. Applications were processed through the providers' personnel department and then added to an online system which could be accessed by the registered manager. Staff told us that they did not start working at the service until the relevant checks had been completed. The provider was doing all they could to ensure that people who used the service were cared for by suitable staff.

There were sufficient staff on duty to meet people's needs and people did not have to wait to receive assistance. A relative told us, "They [Staff] always have time for a chat. There never seem to be any times when it [Service] is understaffed." Rotas demonstrated that staff numbers had been consistent.

Staff understood what it meant to keep people safe. We saw that they had been trained in safeguarding adults. One member of staff told us, "I would go straight to the manager but if that was not enough I wouldn't hesitate to report higher up. I have the addresses for the assistant director and director if there was no response." and another said, "If I saw anything unsafe or bad practice I would share my concerns with [Name of registered manager]." There were policies and procedures in place for safeguarding people which staff were aware of and the service followed their own procedure. Staff had received training in safeguarding

adults. This meant that they were trained to recognise and report any actual or potential instances of abuse. This meant that people who used the service could be confident that staff knew what to do if they suspected that there was a risk of them being harmed.

When we looked around the service we found that it had been well maintained and kept clean. One person who used the service told us, "It is very clean and tidy here." The laundry was separate from the main building and had dedicated staff. The housekeeping staff had cleaning schedules which we saw were being followed. Daily, weekly and deep cleans of areas were carried out in line with the infection control policy.

Safety checks of the equipment and premises were carried out on a regular basis. There was a maintenance person who worked at the service. The mains services, fire equipment and moving and handling equipment had all had safety checks carried out which were up to date. The service had achieved a food safety rating of five on 29 May 2015 from the environmental health department of the local authority which demonstrated high standards of food safety. .

Staff knew how to react in the event of a fire. There was a fire risk assessment in place and an emergency plan. There was an equipment cupboard in the entrance hall which held items such as torches and high visibility equipment for staff to use in the event of a fire.

Where any accidents or incidents had occurred there was a clear record in peoples care records of actions taken. Incident forms were completed and these were reviewed by the registered manager. Where there were opportunities for learning the incidents were discussed at staff meetings or individually.

We looked at the systems in place for managing medicines in the home and saw that medicines were managed safely. We looked at the storage and handling of medicines as well as looking at the Medication Administration Records (MARs) of people who lived at this service. We found that people were receiving their medicines safely and we observed a member of staff administering medicines safely.

Medicines were stored securely in a locked trolley within a dedicated room and the keys to these were held safely by one member of staff on each shift. We observed a controlled drug being administered following correct procedures according to service policy. Controlled drugs are controlled under the Misuse of Drugs legislation. We saw that the controlled drug register was completed correctly. We saw policies and procedures for managing medicines safely were in place.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills needed to provide care for people who used the service. One relative told us, "I feel that staff know what they are doing" and a person who used the service said, "The night staff are very good to me."

All staff completed a corporate induction when they started in their role. Learning and development was mainly through e-Learning. Staff told us that they used the local authority online training tool called 'learning zone' for part of their training and attended courses in some subjects. Each member of staff could access their own training record and rotas online.

Staff had completed training courses covering areas such as fire safety, equality and diversity, moving and handling of people, dementia awareness, emergency first aid at work and health and safety. We saw staff helped people to move around safely. This showed the provider had ensured that staff had acquired knowledge and skills to meet people's needs and ensure their safety. Additionally, all staff members were encouraged to complete a relevant qualification such as National Vocational Qualifications (NVQ) in care. These are qualifications that are achieved whilst staff continue to work.

Staff were supported through supervision every four to six weeks. Supervision is a one to one meeting with a more senior member of staff where staff can discuss their work, any concerns and they can receive feedback. Supervision was delegated and carried out by the registered manager for senior staff and senior care workers carrying out supervision with more junior staff. One senior care worker told us, "I provide supervision for two people" and one staff confirmed they had received supervision confirming that supervision took place. We saw a records in staff files to confirm this. These were records of discussions that had taken place and showed how people were supported. Appraisals were carried out annually and staff prepared for these using the online system used by the local authority.

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. 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 had received training around the MCA and Deprivation of Liberty safeguards (DoLs) and were aware of their responsibilities in respect of this legislation. No applications for DoLs had been made for this service. We discussed this with the registered manager because two people were identified as having fluctuating capacity. They agreed to review people's needs in line with the deprivation of liberty guidelines particularly those we had discussed. We saw that people had consents recorded in their care plan. For

instance there were consents for staff to carry out night checks, take photographs and to dispense medicines recorded in one persons care plan.

People's nutritional and hydration needs were met. Meals times were a sociable occasion with people eating in the dining room. We joined a table of four people for lunch who told us that they enjoyed the food . There was friendly chatter between staff and people who used the service. The tables were set with cutlery and condiments and people were asked what they wished to eat and given a choice of food. One person told us, "The service is a bit slow" but we observed staff thoughtfully serving people food and offering support.

Records showed that people's weights were monitored to ensure they were getting the right amount to eat to sustain their health. Using the malnutrition universal screening tool (MUST) staff had identified when people could be at risk from malnutrition. We saw that drinks were offered frequently throughout the day to prevent people becoming dehydrated. Referrals had been made to the speech and language therapist (SALT) for one person who was at risk of choking. This meant that when people required additional support to eat and drink advice and guidance from the SALT was followed by staff.

Appropriate referrals had been made to healthcare professionals and the district nurse we spoke with told us that the district nursing service visited the home regularly. People were supported to attend health appointments and staff sought advice where there were any concerns about people's health. The district nurse we spoke with told us, "If staff are busy they always make a note in a communications book we use to let us know who we need to see. Everyone is aware of the system and staff can keep track of actions from nurses' notes."

The building had adaptations in place such as a ramped entrance . One person had requested that there be more signage to assist them in finding their way around the building. This had been put in place. The ground floor was on one level with no steps and there was a wide staircase with handrails. There was a lift in the service. Communal areas had recently been decorated and people had been involved in choosing the wallpaper and deciding the colour schemes.

Good

Is the service caring?

Our findings

People who used the service said they felt well cared for. They told us, "Carers are thoughtful" and a relative told us, "They are very caring here." We observed that staff noticed when people needed assistance we saw that they asked politely if they required assistance. Staff were respectful towards people in all their interactions.

People told us about how staff considered their relatives dignity. They said," [Relatives] dignity is considered and maintained." They referred to the way in which staff were careful to act according to peoples wishes. We observed that staff closed doors when they were providing personal care for people and that they spoke to people respectfully. We observed one member of staff quietly offering to assist with cutting up someone's food at lunchtime. The member of staff acted quietly and without fuss.

We observed staff to be kind and friendly towards people and heard a lot of friendly banter during the day. We saw that staff called people by their name. One person whose relative had used the service had recently commented, "Thank you very much for the kindness, patience and excellent care you have given to my [Relative]."

All the people we spoke with told us that they were supported to make choices about their day to day life and their care. We saw people being asked what they wanted to eat and drink throughout the day and also if they wanted to join in activities. We asked one person who used the service if they were familiar with the term care plan. They told us about an issue that was recorded in their care plan demonstrating that they knew what information had been given to staff to plan their care. Everyone we spoke with told us that their friends and family were able to visit them at any time and were made welcome.

We saw throughout the day that staff were calm and unhurried when supporting people. They responded quickly to people's needs and we did not observe anyone having to wait long for assistance.

Information was shared with people who used the service and their relatives. A relative told us, "In my mind I think it [Service] is excellent and the staff are very good. We saw staff sharing information with relatives when they came to visit. We observed informal chats taking place throughout the day where information was shared. We could see that this happened routinely as relatives were instigating some of the conversations as if it were normal practice.

Staff knew people very well. We asked a member of staff to tell us about one person. They were able to give us a summary of their history and needs which mirrored the information we had seen in the care plan. They said, "I love [Resident]; She is amazing and I care about [Residents] needs." We saw one person becoming distressed. The care worker sat with her, putting a comforting arm around her and gave reassurance. The care worker made this a positive interaction speaking to them about their family and immediately relaxing the person.

As we visited people in their rooms we saw that some people had certificates for positive behaviours. We

asked about this and one person showed us the certificate they had received for being, "The friendliest resident." They were laughing when they showed us and we could see they were happy to have being given the certificate to display. One person who used the service told us, " Staff pop in and out of my room so I don't feel lonely."

Good

Is the service responsive?

Our findings

People who used the service received person centred care and support which was discussed with them or their relative and recorded prior to them coming to live at the service by a local authority care coordinator. This information was given to the registered manager at Ashfield in order that they could decide if the person's needs could be met. Person centred care is about treating people as individuals and making sure they are involved in planning their care. For example one person was identified as having difficulty in swallowing. They received their food according to advice from the SALT team who had been called to assess them. Relatives were involved in identifying people's individual needs where people were unable to contribute. For instance one person had become disorientated and was approaching the end of their life so a decision had been taken in their best interests to request a visit from the hospice care homes team to support them.

The care plans for people who used the service were up to date and reviewed as necessary. Getting up, going to bed, moving around, communication and social interaction were some of the areas considered and reviewed within the care plans. There was clear information about people's needs but management plans showing staff how to meet those needs were not always in place. People were able to tell us who their key workers were. Their function was to take a social interest in the person, getting to know them and their families and in conjunction with other staff review their care plans with them.

We could see that staff kept a daily record for each person. These were current detailing any action taken and were completed at the end of each shift. In addition there was a communication book where staff could record information for the district nursing staff so that they knew who to see.

We spoke with staff and people who used the service about the range of activities available. They told us about a recent 'Dignity Day' event where awards had been made to people who used the service such as, "Friendliest resident" and this had been followed by afternoon tea. One person said, "I went to the dignity day and enjoyed it." Another said, "Someone came who was singing and I enjoyed that." Other activities that we observed taking place included bingo where we observed positive interactions and staff supporting people to look at their cards and make sure they were able to play. The activities programme was displayed and people received a newsletter where any future events were advertised. There was a dedicated activity room with tables and chairs where there were materials kept for craft type activities. In addition we saw planned games and music activities which were also advertised.

People had a document entitled, "This is Me" in their care plans which gave some of their social history but these were not always as detailed as they could have been. This would have helped staff to know more about a person and enable them, to plan appropriate person centred activities.

People told us they knew how to complain and felt comfortable speaking to staff or the registered manager if necessary. There was a leaflet explaining how to do so which had been given to people at the service and displayed on the noticeboard in the entrance. One person told us "I know I could speak to them anytime" and a relative said, "I can speak to any of the staff here if I have a concern," A care worker told us, "When

people have wanted to make a complaint I have taken them along to the office to speak to the [Registered] manager." Eleven complaints had been submitted to the service since the last inspection which all related to the same issue. The service had dealt with the matter according to their procedures demonstrating their commitment to customer service. We also saw that compliments had been received by the service.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at this service who was clear about their responsibilities. They had experience of working in a variety of roles in care homes and held management qualifications giving them the knowledge for this role. They attended regular meetings with other managers and had access to an internal website where managers shared good practice. They were a member of the National Skills Academy. They had been in post for twelve months and registered with CQC for four months. During that time had started to make positive changes at the service. For example the décor had been updated and the registered manager had included people in making decisions about the colour schemes.

There was a quality assurance system in place but this was not consistently followed. Some audits had been carried out by the area manager but others were out of date. For instance the infection control audit had not been completed since 2014. This needed to be repeated for all areas of the service in order that the registered manager was aware of where the service needed to improve further

Documentation relating to peoples care was not up to date in some cases and not completed in others. For instance one person had a care plan but it related to when they lived in the community. Another person had a medical condition but no risk assessment or management plan in place..

We were made aware following the inspection that surveys had been completed recently but we saw that people were constantly communicating with the registered manager throughout the day informally so people were able express their views. However, if people did not visit the service regularly there was no formal means by which they could give their feedback.

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

When we checked our records we saw that statutory notifications had been received for this service since the last inspection. We discussed some of the more recent ones with the registered manager during our inspection and they were able to give us further details about the outcomes of these notifications demonstrating that they had dealt with them appropriately.

The registered manager had a clear strategy for improving the service and had already started this through a programme of refurbishment. They identified areas that they wished to develop over time and spoke about the way in which they wanted to develop staff. The culture was one of continuous improvement and records we looked at and staff we spoke to confirmed that the registered manager had started to make improvements and that they were receiving more training.

Staff and people who used the service were able to share their views through regular meetings. The registered manager held staff meetings every four to six weeks to discuss any changes at the service and to review individuals. We saw that the last meeting had been held in January 2016 and the minutes confirmed that recruitment and events had been discussed and a short training session had taken place. The

registered manager told us that staff were encouraged to express their views at team meetings. Staff confirmed this and told us that they felt well supported by the registered manager. There were regular resident meetings held and we saw the minutes of the last meeting on 8 February 2016.

We saw that the registered manager and the staff had a mutually respectful relationship. The registered manager, although only recently in post, was knowledgeable about the people who used the service and we saw them speaking with people who used the service and staff throughout the day. They were supported by a deputy manager so that there was always a manager available for staff to access. The registered manager was supported by the care services manager. Staff were clear about the management structure at this service.

Policies and procedures were available for all areas relating to the running of the service. These were up to date giving staff guidance on how to deal with any matters that may occur in the day to day running of the service. Servicing and maintenance of the service was up to date and complied with health and safety requirements.

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 did not take formal enforcement action at this stage. 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 The quality assurance system was not effective. Audits were not consistently completed and some were out of date.