

Ashley Grange Nursing Home 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 well-led?

Good ●

Summary of findings

Overall summary

This focused unannounced inspection took place on 27 March 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in October 2016 had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and safe. This is because the service was not meeting some of the legal requirements in these areas.

No risks or concerns were identified in the remaining key questions through our on-going monitoring or during our previous inspection, so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Ashley Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ashley Grange Nursing Home accommodates 55 people in one adapted building. The building comprises of an older property with a newer extension added. It is on the outskirts of the village of Downton and set in landscaped gardens. At the time of our inspection, there were 40 people living at the service and nine people staying at the service temporarily. One person was staying at the service on respite, which enabled their carer to have a break from their caring role. The service also had eight rooms that had been designated for 'intermediate care'. This was for people who had been discharged from hospital but required support with rehabilitation for a short period of time before they could move back to their own home. People were also referred by their GP to use 'intermediate care' from their own homes when they became unwell. This helped to prevent unnecessary hospital admission. People could have the support they needed to regain their independence before moving back home.

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

Medicines were managed safely. The service had made the required improvement to make sure topical creams and topical patches were being applied as prescribed. Staff had received training in medicines management and used an electronic system to support administration of medicines.

Staff were aware of their responsibilities in keeping people safe from harm. Appropriate checks were made before staff started work to make sure they were suitable to work in a care setting. There were sufficient numbers of staff working to meet people's needs.

Risks had been assessed and measures put in place to keep people safe. There were also comprehensive

risk assessments in place to make sure the environment was safe and regular checks were completed to maintain safe working systems.

The service was clean and free from odours, there were cleaning schedules in place to cover all areas of the service. Staff had access to personal protective equipment such as gloves and aprons and we observed they wore these when appropriate.

The service was well-led with an established and experienced senior management team. Quality monitoring was completed regularly in a range of areas. Feedback was sought from people, relatives and visiting professionals. The service was open about what feedback had been received and action they were taking to make improvements.

Community links were established with a local day service being welcomed one day a week. This enabled people to maintain relationships with old friends and keep in touch with life in the village.

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.

Medicines were managed safely. The service was now using an electronic system to support their management of medicines.

Staff were able to tell us what the signs of abuse were and the process they would use to report any suspected abuse. There were sufficient staff deployed at the service.

Risks had been assessed and there were appropriate management plans in place to keep people safe.

The environment was free from odours, clean and well maintained.

Is the service well-led?

Good ●

The service remains well-led.

Ashley Grange Nursing Home

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 focused inspection took place on 27 March 2018 and was unannounced. This inspection was carried out to assess whether the provider had taken action to make sure they were meeting all of the regulations. We inspected this service against two key questions we ask about services: is the service safe and is the service well-led. This was because the service was not meeting some of the legal requirements in relation to those questions.

The inspection was carried out by an inspector, a pharmacy 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 care service. For this inspection, the expert by experience had experience of care and nursing homes.

Before the inspection, we asked the provider to complete a Provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We looked at the information that we hold about the service prior to our inspection. This included statutory notifications that the Provider is required to send us by law about events that occur at the home such as deaths, accidents/incidents and safeguarding alerts.

We looked at three recruitment files, five care plans, medicines administration records, training records, maintenance records, health and safety recording and other records relating to the management of the service. We spoke to nine people, seven relatives and nine staff. We spoke to the registered manager, operations director and one healthcare professional. Following our inspection visit, we spoke to the managing director on the telephone.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 11 October 2016. At that inspection, there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as medicines were not always managed safely. At this inspection, we found the required improvement had been made.

People told us they felt safe. One person said, "I had a fall at home and went to hospital I am here now to recover. I feel more confident and safe now." Another person said, "If I have to call them I don't have to wait long." One relative said, "I am happy with the care and I feel safe leaving my [relative] in their care." Another relative told us, "My [relative] likes to sit in the lounge a lot and they have staff that are allocated to the lounge area so they feel reassured there is always someone nearby."

Medicines were managed safely. At the last inspection whilst we found medicines were overall managed well there were two areas that required improvement. At this inspection, we found that improvement had been made. The service had changed over to an electronic medicines management system, which meant all medicines related records, and information was stored together on one system.

At our last inspection, we found concerns about the administering and recording of topical creams and topical pain patches. At this inspection, the required improvements had been made and now the service kept accurate and detailed records which demonstrated creams and patches were being applied as prescribed. We were also concerned about the temperatures of the medicines fridge. At this inspection, we found the service had made the required improvement and records demonstrated daily checks were being completed of the fridge temperature and they were within a safe range.

We observed nursing staff administering medicines and found their practice to be safe. We looked at medicines administration records (MAR) and found all the required information was recorded. The service completed a daily report, which identified any gaps in recording and all remedial action taken. Medicines that were prescribed to be given as a variable dose such as 'one or two tablets' were recorded to show the actual quantity administered. Medicines were stored securely with access restricted to authorised staff. Records demonstrated staff had been trained in medicines management and had their competence checked regularly.

Staff were recruited safely. There were appropriate recruitment checks undertaken before staff commenced employment. The service completed a Disclosure and Barring (DBS) check prior to employment. The DBS carry out a criminal record and barring check on people who have made an application to work with adults at risk. This helps employers to make safer recruiting decisions and helps prevent unsuitable staff from working with people.

There were sufficient numbers of staff to keep people safe. The provider gave us access to their online rota system so we could check numbers of staff were consistently deployed. The registered manager told us they determined staffing numbers based on people's needs and were able to increase staff numbers if needed.

Staff we spoke with were aware of the types of abuse, the signs and indications of abuse and how to report any concerns. They were confident that any concerns would be dealt with by the registered manager or a senior staff member. Records demonstrated staff received safeguarding training.

Risks to people had been identified with action required to minimise the risk of any injury clearly recorded. People had risk assessments for areas such as nutrition, mobility and pressure ulcer prevention. People had behaviour support plans, which guided staff on how to support people should they become distressed or require specific support to de-escalate anxieties. These were well written with clear strategies for staff to follow to ensure people's safety. The service had systems in place to audit accidents and incidents, which occurred and reflect on any lessons to be learned.

We observed staff had access to personal protective equipment such as gloves which we observed they used appropriately. In addition, they were observed to wash their hands regularly. Staff had received basic food hygiene training. The service had been inspected by an environmental health officer from Wiltshire County Council who had awarded the kitchen a "five" rating. This meant that the kitchen had very good hygiene standards, we observed the kitchen was very clean.

The service was clean with no odours in any area. There were cleaning schedules for daily and weekly tasks. The building was well maintained. The service had a maintenance log where defects or concerns could be logged. We saw the maintenance workers signed this when the work had been completed. Risks in the environment had been assessed and covered a range of areas. The service employed two maintenance workers who carried out regular health and safety checks such as fire alarm tests, emergency lights checks and water temperature checks. Equipment was serviced by external contractors on a regular basis.

Is the service well-led?

Our findings

The service had an established registered manager who had the skills and experience to run a service so that people received safe care. A healthcare professional told us, "[registered manager] is approachable and very knowledgeable." They were well supported by the managing director who was involved in the service and visible to people, relatives and staff. Ashley Grange nursing home was a family business, the managing director told us they worked hard at maintaining a balance of family values and professionalism. One person told us, "The staff here are good natured, kind and friendly, we are treated like family."

The registered manager and owners were transparent and very open about systems, processes and areas for development at the service. There was a positive and open culture evident throughout the service, staff were welcoming and friendly. One healthcare professional told us, "I love coming here it is such a friendly home, I cannot fault the attention or kindness I see." One relative told us, "I have no qualms about the care here. I don't have any problems but if I did I know I can find staff easily and they will pay attention to my concerns."

The service had introduced an employee of the month scheme to recognise individual staff commitment. People and relatives could vote for staff they felt had 'gone the extra mile'. The managing director told us, "We try to nurture our staff, we are supportive of staff development and encourage staff to be the best version you can be of yourself."

We saw the previous rating for the service was displayed prominently at the service. The registered manager had also informed us of any incidents or other important information, which they are required to do by law. The service regularly asked for feedback from people, relatives and visiting professionals. There was a 'you said, we did' board in the front hall area of the service. This informed people and relatives about what the service had done in response to feedback. For example, following the previous round of surveys the service had 'added new staff members to the activities team and invested in some new furniture'.

Staff were supported by regular supervision with line managers and regular team meetings. In response to staff feedback the service now produced a monthly newsletter to improve communication. Staff were encouraged to contribute to the content and could do so anonymously if they wished. The service was an equal opportunities employer that welcomed staff from a variety of cultures and backgrounds. One member of staff told us the provider was paying for them to have English lessons every week to improve their communication skills. They told us they were finding this support really effective, we had no issues communicating with this member of staff.

Quality monitoring was carried out regularly in a variety of areas. The service had a quality assurance and training officer who completed monthly and six monthly management audits. We saw audits were completed in areas such as infection prevention and control, medicines, health and safety and care records. The registered manager signed audits off once any shortfalls had been addressed.

There were contingency plans in place for adverse weather conditions and emergencies. In the recent

adverse weather, the owner told us they stayed at the service overnight and used their 4 x 4 vehicle to transport staff to and from work. The service also had staff accommodation on site and nearby which could be used for staff in the event of any emergency.

Community links were established with local groups such as a day service and the local GP practice. The service was the venue for a local day service who met there once per week. This enabled local people to come into the service and socialise with friends and have a hot meal. People living at the service were also able to be part of the day service if they wanted to. The owner told us that this enabled people to meet up with old friends who lived in the village. Local services were welcomed in on a regular basis so that people could maintain relationships such as the hairdresser, chiropodist and the local clergy.

The managing director was an elected board member of a local initiative called the Wiltshire Care Partnership (WCP). This initiative had been set up to support local providers of adult social care services by being a channel of communication. This enabled all members to share information and best practice and support each other in the sector at a local level.

The service was continually developing and making improvements to their systems. For example, an electronic medicines management system was installed and had been working well. The staff at the service were now piloting some new additions to the service to improve medicines monitoring. Eight rooms were designated to provide 'intermediate care'. This meant people could be discharged from hospital or come to Ashley Grange Nursing Home via a GP referral to stay and receive support. People who used 'intermediate care' received physiotherapy, occupational therapy and support to promote their independence so that they could go home. The staff at the home were working in partnership with a team of healthcare professionals to provide this service.