

Mrs M Wenlock

# Ashfield House - Leominster

## 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 

### Overall summary

This inspection was carried out on 17 August 2015 and was unannounced.

Ashfield House provides accommodation and personal care for adults over 65 years.

At the time of our inspection there were 14 people living at the 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 and associated regulations about how the service is run.

We saw that staff had good relationships with staff. Staff spoke in a way that gave people dignity and respect and the atmosphere of the home was calm and relaxed.

People told us that they liked living at the home and spoke positively about the registered manager and the staff. People felt that staff knew their needs and were kind and caring and they told us that support was available when they needed it. People told us that they were supported to take their medicines, and we found that their medicines were managed safely and that people received their medicines in line with their prescription.

# Summary of findings

People told us that they were able to choose what they wanted to do and happen regarding their care and treatment. Where people did not have the capacity to make specific decisions themselves these were made in their best interests by people who knew them well.

People said that they enjoyed the food they at the home and they were able to make choices about what they wanted to eat. We saw that people had choice of fresh nutritious food, and where recommendations had been made by other professionals regarding people's diet or health needs these had been acted upon.

People said that if they had any concerns they were able to speak staff. They found the staff and management approachable, willing to listen to their views and opinions. Feedback from the people that lived there and their relatives was gathered on a regular basis and any areas identified for action were acted upon. Also a range of audits and checks were completed regularly to ensure that good standards were maintained.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People were safe.

People were supported by staff to take their medicines when they needed them. Staff that knew how to support them and report any allegations of abuse.

Good



### Is the service effective?

The service was effective.

People were able to make choices about their care and treatment. Staff supported people to access healthcare services when needed so that they had the right support to meet their health needs.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. People were supported by staff to be involved in their care. People received care that was person centred and respected their individuality.

Good



### Is the service responsive?

The service was effective.

People told us care staff responded to their needs. Where people's needs changed the staff worked with other professionals to ensure that their needs continued to be met.

People said that they were able to raise concerns and they would be listened and responded to.

Good



### Is the service well-led?

The service was well led.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people that lived there and their families.

People and staff felt that the manager was approachable and supportive.

Good



# 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 unannounced visit took place on 17 August 2015 and was carried out by 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 reviewed information we held about the provider including statutory notifications and enquiries relating to

the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for any information relating to Ashfield House. We did not receive any information of concern.

During our visit we spoke with eight people who lived at the home, three members of staff, one relative and the registered manager. We also received feedback from health and social care professionals.

To help us understand people's experience of the care at Ashfield House we spoke with eight people who lived at the home, one relative, three staff and the registered manager. We viewed four people's records which related to consent, people's medicines, assessment of risk and people's needs. We also spent time observing how people spent their time and how staff interacted with people.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, “I have no worries here.” Another person said, “It’s lovely and safe here.” People told us that they could raise any concerns with staff. One person said “If I had any worries I would speak to the staff.” Staff had completed training on safeguarding and when we spoke with them they were able to tell us about their understanding of the different types of abuse and what action they would take if they became aware of or observed abuse taking place. They told us that they would make sure that the relevant authorities were informed and swift action taken to keep people safe.

The people we spoke with told us that staff gave them help and support to keep safe. One person told us how staff helped them with their mobility so that they were able to take part in some of the gardening activities. They told us, “If it wasn’t for them [staff] helping me I would not be able to do it [gardening]. They are always looking to keep me safe.” We asked staff about how they supported this person. They were able to tell us about what support the person needed to promote their safety. Staff were keen to stress that they helped and enabled people to maintain their independence rather than doing everything for them. Risks to people’s safety had been routinely assessed, managed and reviewed.

People told us that they felt staff were able to help and support them with their needs when needed. People told us that staff always had the time to chat if people wanted it. One person told us, “The staff are great they always come and check that I am ok. If I need help they don’t leave me waiting.” Throughout the day we saw that staff responded to people in a timely way. For example we saw that one person asked for a member of staff to speak with her. We saw that this staff member immediately went over to see what the person wanted.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able.

People told us the staff supported them with their medicines. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We observed that medicines were appropriately stored and that people received the correct medicines at the right time.

# Is the service effective?

## Our findings

People said that staff had the knowledge and skills to meet their needs. One person said, “They [staff] know me and what I like and what care I need. They are great.” Staff told us that they felt they had enough training to enable them to do their job effectively. We talked to a new member of staff who told us they had a comprehensive induction to support them in their role, which included attending training and shadowing more experienced staff. They said that the induction process had been a positive experience. Staff said that they had completed a range of training that they felt were appropriate to their roles including training in dementia, safeguarding and the mental capacity act. As and when required training to meet the specific needs of people was also provided. An example of this was training around a person’s diabetes that had been arranged with the district nurse. Staff spoke positively about this and told us that they felt this had helped them understand the person’s needs.

Staff told us that they had good supervision and support from the registered manager. One member of staff said, “[registered manager] is very supportive; if I ever have a concern I will write it down and take it with me to supervision”. Another member of staff told us that supervision was, “beneficial and informative.”

People told us that they were able to make choices and that staff respected their wishes. Staff told us that some people liked to spend more time in their rooms. We spoke with these people and they told us that staff respected their choice. One person said, “It’s my choice that I want to spend the day in my room. The staff do come and see me through the day. If ever I need anything I just ask.” We discussed with staff what needed to happen if people did not have the capacity to make decisions for themselves. Staff told us about making decisions in people’s best interests and the involvement of the people that knew

them best such as family and professionals in best interest meetings. What they told us demonstrated that they had knowledge of the principles of the Mental Capacity Act (MCA). Staff told us how following concerns that a person was now unable to make informed choices a referral had been made to the local authority for a mental capacity assessment. The registered manager told us that a social worker was due the next day to complete the assessment.

We asked staff what their knowledge of the Deprivation of Liberty Safeguards (DoLS) was. A DoL application may be made where it was felt necessary to restrict a person's liberty to keep the person safe. Staff were able to tell us what they would do if someone was or could be deprived of their liberty. The registered manager told us that currently there was no one subject to a DoL. They told us that all staff had MCA and DoLS training.

People told us that they enjoyed the food and that they were given choice over what they wanted to eat. Menus were prepared in advance and were displayed on a board for people to see. People were able to tell us what was for lunch by looking at the board and if they didn’t want what was listed one person said, “Well, I would just have something else”. Lunchtime was a positive time with staff laughing and chatting with people. Staff offered people a choice of drinks at all times through the day and provided support where required.

We spoke with people about how they were supported by staff to maintain good health and access to other health care services. They told us that when they were unwell or required a doctor appointments were arranged straight away and staff supported them at their appointments. Staff told us how they had made sure support was in place to assist a person to a dental appointment and had asked the person how they preferred to be supported. We could see that where needed referrals had been made to relevant health professionals and guidance followed.

# Is the service caring?

## Our findings

People told us that staff were kind, caring and supportive to their needs. One person said, “They [staff] can’t do enough for us, they are lovely.” Another person said, “Staff are friendly, they always have a chat and a joke. They are always ready to listen.” We saw that staff spoke to people with kindness and compassion. We saw that staff took time to sit with people and reminisce about past events and the people’s families. People told us that they found the time they spent with staff made them feel positive. One person said, “It’s nice that they [staff] take the time to make sure I am ok.”

People told us staff treated them with respect. One person said, “They make me feel important”. Another person told us that staff were, “Very amiable, and respect what I say.” We saw that staff respected people’s privacy and dignity. Staff addressed people by their preferred names and knocked on people’s doors before going into their room. Staff told us that it was important to them to treat people with respect. One staff member said, “It is their home and we need to respect this.” The registered manager told us how they had started to develop dignity champions. They explained that this would give staff lead responsibilities for promoting dignity and respect with the staff. They said that they were confident that all of the staff already promoted dignity and respect in what they did.

People told us that they felt they contributed to the care and support they received. Staff and the registered

manager told us that the views of people were important to how care and treatment was planned and delivered. An example of how they achieved this was through the regular meetings for the people that lived there. We asked people what this meant for them. They told us that they were able to make decisions, an example people gave us was the recent agreement on what produce they would grow this year. They had also been involved in discussions about how the service was developing with the future addition of a nursing home to the service and the building work this created.

People told us that they had a choice of what they would like to do, and where they would like to spend their time. One person told us, “I like to choose myself what I want to do.” Whilst there were opportunities for more organised activities such as planting, if people chose not to then this was respected. Some people chose to spend more time in their rooms. We saw that staff always made sure that people in their rooms had what they wanted, and also made time to make sure they had the opportunities for talking with staff.

People spoke fondly of the staff as did the staff about the people that lived there. Staff told us that they enjoyed working at the home and liked getting to know the people, their interests, their likes and dislikes. We saw that there was a calm and relaxed atmosphere, and people told us that they enjoyed this aspect of living there. One person said, “It is nice to be in a place as relaxed as this.”

# Is the service responsive?

## Our findings

People were able to tell us about their hobbies and interests. One person told us that they had a great interest in art. They told us that they had use of an area of the home to use their art materials and do some painting when they wished to. Another person told us that they had been a dance instructor, and were now providing teaching sessions to staff and the people that lived there. The staff and the registered manager told us about how important it was to maintain people's individualities. We saw that people and their families had been involved in decisions about the delivery of their care and support, including details of their preferences and communication needs. A relative told us that the registered manager came out to see their relative prior to moving in and asked them about their life, likes and dislikes and really listened. They told us this was, "very reassuring and made the move a happy one". We saw that contact with visiting professionals had been recorded and care plans updated to reflect any changes in need. People's care records provided detail of their assessed needs and the support they required to maintain their health and lifestyle.

People told us they could raise any concerns to staff and were happy with the care they received. There were regular meetings held with the people that lived there. We were

told by people that all aspects of their care were discussed and any recommendations from the meetings were carried out by the staff. Some examples given were the addition of more food choices and identifying entertainment that they wanted in the home such as particular musical entertainers and animal therapists. The registered manager told us that it was important to have the full involvement of the people in the care they received.

People told us that they felt that staff knew them as individuals, respecting their individualities and personalities. What staff told us demonstrated that they knew people's individual support needs and preferences. We saw numerous times throughout the day where staff responded quickly when people needed assistance and were able through observing how people appeared to identify that support was needed.

The people that we spoke with all knew how to complain and who to speak to. The registered manager told us each person living at the home had been given a copy of the complaints procedure. Staff also told us that they were aware of their responsibilities to listen to how people feel about the care and support they received and to help people with making a complaint if it was needed. Although no complaints had been received we could see that there was a system in place to make sure that complaints were responded to and dealt with in a timely manner.



# Is the service well-led?

## Our findings

The registered manager told us that the vision for the care was to, “Provide high quality end to end care.” We asked what this meant and they told us that the provider was building a nursing home to be attached to the current home so that when people’s health started to decline they could remain living at the home rather than moving to a different nursing home which is what has happened in the past. The registered manager told us that this project was to ensure people continued to receive continuity with their care. Staff we spoke with all shared this view and said that it would provide people with the security of knowing this was a home for life. People that we spoke with said that they had been involved in the decisions around the building of the new home. Staff and the registered manager confirmed this and said that it was regularly discussed in the meetings for the people that lived there and also with relatives.

The registered manager told us that they were keen to engage with the local community. They had previously had open days in which the local community were invited to visit. One of the initiatives that they were currently involved with was a local community dementia project. People from this project came to the home to offer dance sessions to the people that lived there. People told us that they had enjoyed this and looked forward to more sessions. The registered manager told us about the importance of not being isolated but being part of the local community.

People told us that when they wanted they could speak with the manager. One person said, “[registered manager] is there if you need. She always has time to listen.” We spoke with staff about the support they had to do their job.

Staff told us that the manager was supportive and approachable. Staff told us that they had access to regular supervision, training and regular staff meetings. They all felt that the registered manager listened. The registered manager also told us that they felt well supported by the provider and felt that they were able to raise any ideas, comment or concerns. All of the staff knew about the whistle blowing process and how to raise concerns so that people were not at risk of poor staff practices. Staff told us that they if they had to do this they would be fully supported by the registered manager and the provider to do so.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.

People told us that they felt the registered manager listened to their views on the care they received. The registered manager told us that people’s views of their care were an important measure of how well the service was running. There were regular meetings for the people that lived there as well as regular meetings which relatives could attend. We could see where actions had been taken place based on the feedback from the people that lived there. For example changes had been made to food menus following requests from the people that lived there. There were also regular checks and audits around medicines, infection control and care records so that the registered manager could maintain an overview of how well the service was running.