

Mrs M Wenlock

Ashfield House - Leominster

Inspection report

Bargates
Leominster
Herefordshire
HR6 8QX

Tel: 01568614662

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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

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. 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 all of whom received residential care.

People's experience of using this service: People and their relatives were positive about the service and the care provided.

The service was not always safe. Systems to ensure people were safeguarded from abuse were not always effective. Concerns were not always reported to the Local Authority to protect people from the risk of abuse. People were at risk from infection, systems to protect people were not always completed or effective to identify and manage these risks.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient, knowledgeable staff were available to meet people's needs. People told us when they needed assistance, staff responded promptly. People received their medicines regularly and systems were in place for the safe management and supply of medicines.

The service was effective. People's needs were assessed, and care was planned and delivered to meet people's needs. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People had a nutritious diet, and they enjoyed the food offered. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was warm and welcoming. Staff were calm and considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

Staff were responsive to people's needs and wishes and were knowledgeable about each person. Relatives confirmed staff knew their family members well. The management team had identified they needed more support to ensure people had more interesting things to do and were recruiting additional staff. People had access to some entertainment they enjoyed. People's concerns were listened to and action was taken to improve the service as a result.

The service was not always well led. There continued to be a breach in regulations around good

governance.

Safeguarding systems to ensure service users were protected from the risk of abuse and improper treatment were not effective. Through system failure or lack of registered manager understanding and knowledge the systems in place had not been effective to ensure incidents were reported for review by the Local Safeguarding teams. Systems to protect people from the risk of infection were not always effective and new systems were not reviewed to ensure they were effective.

The registered manager and her staff team were open and focussed on providing person centred care. The management team and staff engaged well with other organisations and had developed positive relationships.

Rating at last inspection: Comprehensive inspection completed May 2018. Effective and well-led were rated as requires improvement. The overall rating was requires improvement. There were breaches in regulation that continue not to be met and sufficient progress to improve people's care had not been made.

Why we inspected: This was a planned inspection based on previous rating of requires improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our methodology. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team consisted of one inspector.

Ashfield House is a care home with nursing care for older people and people living with dementia. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there was no one at the home receiving nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This was an unannounced inspection that took place on the 1 and 2 May 2019

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and we assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps inform our inspections.

During the inspection, we spoke with seven people who used the service, to ask about their experience of the care provided and four visiting family members. We observed staff providing support to people in the communal areas of the service using an observation tool called a SOFI. This was so we could understand

people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they received.

We spoke with five members of staff including care staff, and the cook. We also spoke with the registered manager. We spoke with two visiting professionals a district nurse and a Nurse Practitioner.

We reviewed a range of records about people's care and how the service was managed. This included looking at five people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

At our last inspection on 15 May 2018 this section was rated as good.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems to ensure potential and actual abuse was consistently reported to the appropriate authorities were not effective. We found five examples where action to ensure the local safeguarding teams were informed and reviewed the identified concerns did not take place. Staff had reported appropriately and were knowledgeable about where and when to report concerns. Health professionals and social work teams were involved to ensure people remained safe. However, the registered manager had not always reviewed these concerns or ensured the appropriate stakeholders were informed.

Preventing and controlling infection

- Staff did not consistently follow guidelines for preventing infection. For example, we saw one bath room had been used by staff supporting people when the bath room was in need of a deep clean. The registered manager had already identified their systems for infection control needed improving. Staff had received refresher training, and the provider was advertising for additional cleaning staff. However, we saw a bathroom had been used the previous day that the registered manager agreed needed a deep clean and this had not been identified by staff or the management team. The registered manager was working with the local authority to improve standards and agreed to refresh staff understanding to ensure people were safe from infection.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. However, the registered manager was not always aware of all the incidents that had taken place. The system used to record these incidents was not always effective. The registered manager assured us this would be resolved straight away.
- Staff knew how to report accidents and incidents and told us they received feedback about changes as a result of incidents. For example, we saw appropriate referrals were made to the falls clinic when needed.

Assessing risk, safety monitoring and management

- Risk assessments were up to date and reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, we saw one person who needed constant pressure relief to prevent sore skin, staff consistently ensured the appropriate pressure relief was available for them. Staff had a good understanding of this and the information was clearly recorded.

Staffing and recruitment

- People and their relatives told us there were usually sufficient staff on duty to meet people's needs.

Professionals we spoke with said there always sufficient staff available to support them in their role.

- The registered manager explained that they were recruiting an additional cleaner and activities co-ordinator. These posts had been identified as needed to improve the service at the home.
- All the staff we spoke with said there were sufficient staff to meet people's needs.
- We saw there were sufficient staff to meet people's needs and maintain their well-being.
- Staff told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We found that the provider used safe practices when recruiting staff to ensure people were protected from unsuitable staff.

Using medicines safely

- People and their families said medicines were administered in a safe way. Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medicines were stored and monitored safely.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 15 May 2018. These were, whilst there was a system in place for monitoring people's weight loss, action had not always been taken where weight loss was identified. We found at this inspection improvement had been made.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence
People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team assessed, and documented people's needs and preferences in relation to their care and planned care based on these.
- People's outcomes were good. For example, one person visiting the service explained how a person living at the home had made improvements. Staff we spoke with explained how they had changed how they supported this person because they had improved so much since coming to the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as food records to prevent malnutrition, were completed consistently. Weights were monitored and actioned appropriately when needed.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- A new member of staff told us they had completed training when they first started the role. They were supported by experienced staff who shared best practice knowledge.
- Another member of staff said they were supported with additional training to ensure they could meet people's needs. For example, they had attended end of life training because they had a recognised interest for this particular part of their role. The registered manager had identified this interest and the member of staff was mentor for other staff in relation to end of life care.
- We saw ongoing training updates were arranged for staff. Staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- We saw people had some choices in the meals they were offered, although we saw a limited choice in the main meal at lunchtime. People we spoke with said if they wanted something different they were happy to ask staff for this but were usually happy with the menu available.
- We saw people were offered drinks and snacks through the day and enjoyed their meal time experience. ● We saw the staff team sit and eat their meals with people, which encouraged people to eat well. We saw people were supported to eat when they needed extra help, staff knew people well and supported them at people's own pace.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access. There was clear signage for people, with a positive focus on design to support people living with dementia. There were areas that had been recently refurbished and other areas that were about to be updated. Refurbished areas were completed to a high standard with consideration to the people living at the home. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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

- We received positive feedback from the district nurse and Nurse Practitioner we spoke with about their relationships with staff at the home. Both were regular visitors to the home.
- People and their families explained they could access healthcare services when they needed. The nurse practitioner and district nurse both told us staff were accessible, knew people well, and made appropriate referrals. They also said staff followed their guidance appropriately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and relatives told us staff always checked that people consented to their care.
- We consistently saw staff obtain consent for people's care and support. Staff had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, the management team completed a decision specific mental capacity assessment and the best interest decision making process was followed and documented.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

Is the service caring?

Our findings

At our last inspection in May 2018 this section was rated as good.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us all the staff were caring and kind. One person said, "Nothing is too much trouble, they[staff] are all lovely." We saw staff were aware and demonstrated understanding about equality, diversity and human rights. Staff quickly identified non-verbal messages from people and reacted to them, for example if a person was cold or needed additional support. We saw one person frequently felt lost and confused and staff consistently reacted in a positive way to reassure them which the person reacted positively to.
- One relative said staff were, "It's a home here everyone knows you personally, it's always so calm and relaxed." Other relatives all said the staff were kind and supportive to people living at the home.
- We saw examples of staff being consistently kind and caring throughout the inspection. Staff offered emotional support when needed which improved people's well-being.

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

- We saw staff asking people what they wanted to eat and drink, offering choices to meet people's needs. We saw a person was reassured by staff when they became anxious. The person then appeared relaxed.
- People told us they made decisions about their day to day care and had the support they needed. One person said, "I can decide when I do things, like when I get up, I can go and have my breakfast when I am ready." Another person said, "I can go outside whenever I want, I spend a lot of time outside, it's what I like." We saw people got up and went to bed when they chose to.
- We saw there were meetings for people to discuss their views and to look at any improvements to the home. People were asked for feedback about food options and to plan days out, to ensure they were happy with the choices available. One person told us they could always make suggestions and they would be considered.
- Some people chose to get up later and staff were able to provide breakfast when people wanted it.
- Relatives we spoke with told us that they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respected their privacy and encouraged them to be as independent as possible. We saw staff closed doors when supporting people in their own rooms. We also saw staff knocked on people's doors before entering and ensured people's dignity was maintained consistently.
- Staff were respectful of people's needs, for example making sure they were the same level as people when they spoke with them. We saw one member of staff had received an award for the support they provided for people at the home. This had been recognised initiative in the local community.

Is the service responsive?

Our findings

At our last inspection in May 2018 this section was rated as good.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives shared important information with staff to help build a detailed picture about each person's care needs, preferences and history. Staff were then able to provide personalised care tailored to the needs and wishes of each person living at the home.

- Records contained detailed information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. Information also reflected their health needs. The registered manager explained care plans were continually being improved and was working with the local authority to achieve this.

- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff observed people's facial expressions to gauge their preferences.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. They provided large print information, and pictorial information to support people to make choices about their daily living. They described how staff could show people different options to support their choices. For example, we saw on the menu there were pictures of each meal option to support people's choices

- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. We listened to a staff handover and heard staff being updated about people's risks, changes and their well-being.

- People received stimulating activities with throughout the day. There was an activities co-ordinator who provided people had access to a range of group activities such as arts and craft, entertainment and external trips. The registered manager was in the process of recruiting another co-ordinator to support a greater range of interesting things for people to do. One person said there was always plenty to do, another said they could go out when they wanted to.

- People and their families told us support was adapted to meet people's needs.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. We saw where complaints were made these were investigated and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous learning in the future.

End of life care and support

- Staff were supported to complete End of life training. Learning was shared with the staff team to ensure people received care based on best practice. Staff were knowledgeable about how to respect people's needs and wishes. The registered manager explained they were well supported by other agencies to ensure,

where possible, people remained at the home when at the end of their life. The registered manager was working with the two staff champions to improve how they captured people's views about their end of life care for staff guidance to ensure this was effectively recorded.

Is the service well-led?

Our findings

At our last inspection in May 2018 we found the service was in breach of Regulation 17 HSCA RA Regulations 2014 good governance. This was a continued breach from our inspection in October 2017. The provider's monitoring of people's care needs had continued not to be effective at identifying and acting on shortfalls. Records associated with people's healthcare were not always up-to-date or completed. The provider had failed to display their current rating, as required by law.

At this inspection we found the provider had made some improvements but continued to fail to meet Regulation 17 HSCA RA Regulations 2014 good governance. The service continued to require improvement in this section.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations have not been met. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were ineffective safeguarding systems in place to ensure service users were protected from the risk of abuse. Services that provide health and social care to people are required to inform the Local Authority Safeguarding team about any safeguarding incidents to protect people using their services. We found that on five occasions the provider had failed to achieve this.
- The registered manager had failed to consistently identify and take appropriate actions when people living at the home were involved in safeguarding concerns. We found two examples where the registered manager had investigated but not reported appropriately safeguarding concerns.
- There was not a system in place to ensure safe guarding incidents were investigated and reported to the appropriate authorities when the registered manager was away from work. We found two examples where incidents had been appropriately reported to the management team, however further action to investigate and report the incidents had not happened.
- The system to update the registered manager about accidents and incidents was not consistently effective. We found one example where the registered manager had not been aware of a safeguarding incident despite staff reporting the incident appropriately.
- Systems to ensure the risk of infections were monitored and mitigated were not consistently effective. We found the infection control audit had not been completed for April 2019, and staff were using a shower room that was not at a reasonable standard of cleanliness. The registered manager was aware improvements were needed and was in the process of recruiting additional cleaning staff.
- New systems were implemented without ensuring they were monitored for effectiveness. The management team had instigated a new process to improve how creams were recorded. The new system had been started on 20 April 2019. However, we found that there were four errors on the new system with one person not receiving their topical medication as prescribed. The new system was not consistently effective.

The provider had failed to have systems in place to effectively assess, monitor and mitigate risks for people living at the home. This was a continued breach in Regulation 17 of the health and social care act 2008

Services that provide health and social care to people are required to inform the care quality commission of safeguarding incidents to protect people using their services. We found five examples where the provider had failed to report safeguarding concerns to the CQC.

This was a breach in regulation 18, CQC (Registration) Regulations 2009 failure to notify.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- As a result of this inspection the registered manager agreed to improve how audits about the quality of the service were completed. For example, the registered manager was reviewing the effectiveness of their monitoring. The registered manager and the local authority were developing improvements in how the provider managed infection control.
- The registered manager had made improvements since our last visit. For example, they had changed how they recorded information which overall had led to improvements.
- People and relatives said the management team knew them well and treated them as individuals. We heard and saw many examples of person-centred care from staff and the management team.
- Relatives we spoke with said they were always contacted when there were any concerns about their family member.
- Staff told us there was an open culture lead by the registered manager. They said the registered manager shared learning from mistakes and was open and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to contribute their views on an ongoing basis with the management team. For example, we saw that all visitors were encouraged to give feedback.. The registered manager reviewed this feedback to check if improvement was needed. We saw questionnaires were completed by people and their relatives and the response was positive.
- Meetings for people using the service and for relatives were held regularly and feedback was discussed to improve people's experience.
- Staff said they felt valued and listened to and involved in supporting the quality of the service provided.

Continuous learning and improving care.

- The registered manager and provider were working on improvements identified through previous inspections and Local Authority visits to ensure progress that could be sustained. Staff we spoke with were positive about the registered manager. They all said that the registered manager had explained the improvements and they understood why they were needed.

Working in partnership with others.

- Health professionals spoke positively about management and staff worked effectively with them to improve people's health and well-being.
- The registered manager linked regularly with the community to improve people's well-being. For example, a local children's nursery regularly visited to spend time with people living 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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify us about five safeguarding incidents.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were inadequate safeguarding systems in place to ensure service users were protected from the risk of abuse and improper treatment. Through system failure or lack of registered manager understanding and knowledge the systems in place had not been effective. Systems to protect people from the risk of infection were not always effective and new systems were not reviewed to ensure they were effective.</p>

The enforcement action we took:

NOD to put a condition on the registration around governance