Tamaris Healthcare (England) Limited

# Ashcroft Nursing Home - Chesterfield

**Inspection report**

18 Lee Road
Hady
Chesterfield
Derbyshire
S41 0BT
Tel: 01246 2049656
Website: www.fshc.co.uk

Date of inspection visit: 4 December 2014
Date of publication: 31/07/2015

## 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 took place on 4 December 2014 and was unannounced.

Accommodation and personal care, is provided at this Ashcroft Nursing Home for up to 42 older adults with dementia care needs. At our visit, 37 people were living in the home. There was a registered manager at this 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.

At our last inspection of this service in March 2014, we found that the provider did not always have appropriate

# Summary of findings

arrangements in place for dealing with emergencies and obtaining people's consent to their care. These were breaches of Regulations 18 and 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us about the action they were taking to address this and at this inspection we found that the required improvements had been made.

At this inspection people's relatives, staff and a visiting health professional were confident that people received safe and appropriate care and were all confident to raise concerns about this if they needed to. People's care, safety and dependency needs were regularly checked to inform staff planning and deployment. Emergency and staff recruitment procedures were robust.

Staff understood and followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care. People were safely supported by staff who received the training and supervision they needed to provide people's care. Potential or known risks to people's safety were identified before they received care and were regularly reviewed. People's medicines were safely managed and action was taken to mitigate any identified risks to people's safety from their health needs through robust care planning.

Staff consulted with external health professionals and followed their advice for people's health needs when required. People were safely supported to eat and drink and they received adequate nutrition. People's health and nutritional status was regularly checked. There were plans to review the use of aids and equipment to optimise people's independence at mealtimes. Staff received the information, training and supervision they needed to perform their roles and responsibilities. Improvements were being made to develop and tailor people's dementia care through staff training.

Staff, were caring and compassionate. They responded promptly when people needed their assistance and they treated people with respect and maintained their dignity, privacy and independence. People and their relatives were all appreciative of and appropriately involved and informed in the care provided, which met with people's individual needs and wishes.

People and their representatives knew how to raise any concerns or complaints about the care provided and were confident that these would be listened to and acted on. Findings from these were used to improve people's experience of their care and daily living arrangements when required.

Staff supported people to interact and engage with others and to participate in social, occupational and recreational activities. This was being done in a way that met with recognised practice concerned with dementia care. Staff, were motivated to deliver people's care in this way because it helped to inform their understanding of people's dementia care experience and related care needs.

The home was well managed. People, relatives and staff, were all very positive about the management of the home and the on-going improvements made to people's care during the previous six months. The quality and safety of people's care, was regularly checked and the findings were acted on when required. Records were robust and safely stored. The provider had notified us when important events occurred in the service when required.

Staff understood their roles and responsibilities and they were regularly asked for their views about people's care. They knew how to raise any concerns about this and communicate changes about people's needs when required.

# 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?**
The service was safe.

People felt safe in the home and they were protected from the risk of harm and abuse. People's medicines were safely managed and recorded risk assessments and care plans showed how risks to people's safety were being managed. Emergency contingency plans and staff recruitment and deployment arrangements were robust and sufficient to meet people's needs

Good

**Is the service effective?**
The service was effective.

Staff received the training, supervision and support they needed. People's health needs were met in consultation with relevant health professionals and they received the nutrition they required. Staff followed the Mental Capacity Act to obtain consent or appropriate authorisation for people's care when required.

Good

**Is the service caring?**
Staff took time to understand people and get to know them well. People and their families were made welcome and they were involved and satisfied with the care provided. Staff, were caring and compassionate and they promoted people's dignity and rights and treated them with respect. Staff acted promptly when people were in any discomfort or distress.

Good

**Is the service responsive?**
The service was responsive.

People usually received prompt assistance from staff when they needed support and the arrangements for the planning and delivery of people's care met their needs. There were plans to review some of the arrangements for assisting and supporting people at mealtimes to optimise their independence.

People and their relatives were appropriately informed and involved in the care provided and their views, concerns and complaints were used to improve people's care experiences.

Good

**Is the service well-led?**
The service was well led.

The service was well managed and records were appropriately maintained and stored. The quality and safety of people's care was regularly checked and findings from these were analysed and used to make improvements when required.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they followed. Staff, were regularly asked for their views and they knew how to raise concerns and communicated changes about people's needs when required.

Good

# Ashcroft Nursing Home - Chesterfield

**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.

We visited the home on 4 December 2014. Our visit was unannounced and the inspection team consisted of two inspectors 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 service.

Before this inspection, we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also spoke with local health and care commissioners responsible for contracting and monitoring people's care at the home.

During our inspection we spoke with eight people who lived in the home, seven relatives and one visiting health professional. We also spoke with the registered manager, eight nursing and care staff; the cook and a senior manager for the registered provider. We observed how staff provided people's care and support in communal areas and we looked at five people's care records and other records relating to how the home was managed.

As many people at Ashcroft Nursing Home were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Good

# Is the service safe?

## Our findings

At our last inspection in March 2014, we found that the provider did not always have appropriate arrangements in place for dealing with emergencies. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us about the action they were taking to address this and at this inspection we found that the required improvements had been made.

At this inspection a few people who were able to speak with us, said they felt safe in the home. People's relatives told us they were confident that people received safe and appropriate care and that sufficient staff were provided. One person said, "I am safe and happy here." One person's relative said, "Staffing is stable and I know they are completely safe here."

Staff told us that staffing arrangements were sufficient for them to perform their role and meet people's individual care needs. A recognised management tool was used to help determine staffing levels and skill mix which took account of people's care and safety needs and their dependency levels. Robust procedures were followed for staff recruitment. This helped to make sure that staff employed at the service to provide people's care and support, were fit to do so.

People and their relatives said they knew who to speak with if they had any concerns or worries about their care. We saw that information was displayed to enable people to do this, which included information about safeguarding people from harm and abuse. Staff knew how to recognise and report alleged or suspected abuse of any person receiving care and they were provided with relevant guidance and training. This helped to protect people from harm and abuse. A visiting health professional told us they were confident that people received safe and appropriate care.

We observed that staff supported people safely when they provided care. For example, when supporting people to engage in social and recreational activities or supporting people with their mobility and medicines. Nurses gave people some of their medicines during our visit and we saw that they did this in a safe and consistent way. They checked each of these carefully against the medicines administration record sheet (MAR) and made sure that they offered people the correct type of medicine and dose and at the right time. People were offered a drink of water and the nurses checked with each person that they had taken their medicine, before they signed the MAR to show they had been given.

Some people were prescribed medicines that were to be given to them when they required them, rather than at regular intervals. For example, for pain relief or agitation. Most were not able to ask for those medicines because of their medical conditions. Written instructions known as medicine protocols were in place to show nursing staff how and when to give people's medicines that were prescribed in this way. We saw that staff followed these so that people received their medicines appropriately.

Medicines were safely stored to protect people from harm and to prevent their misuse. Accurate records were kept of all medicines that were prescribed and given to people. Records showed that people received their medicines at the times they needed them and were also kept, to identify the staff responsible for giving them. There were no people who had chosen to retain and administer their own medicines themselves. However, policy and procedural guidance and suitable storage arrangements were provided to support any person who may wish to do so, safely**.** This helped to make sure that people's medicines were safely managed.

People's care records showed that potential or known risks to their safety were identified before people received care. People's written care plans showed how those risks were being managed and that they were reviewed. This included risks from falls, pressure sores, poor nutrition, medicines and infection. Staff understood the risks identified to people's individual safety and they understood and followed the care actions required for their mitigation.

Contingency plans were in place for staff to follow in the event of any emergency in the home. For example, in the event of a fire alarm or loss of power supply. This included an emergency evacuation plan, for each person, together with a suitably located summary plan for staff to follow, if required. Management checks made sure these were kept up to date and regularly reviewed. Reports from the local environmental health and fire authorities in September and November 2014, respectively found satisfactory arrangements in the home for food hygiene and handling and fire safety.

Good

# Is the service effective?

## Our findings

At our last inspection we found that the provider did not always have appropriate arrangements in place for obtaining people's consent to their care. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Following that inspection, the provider told us about the action they were taking to make the improvements required and at this inspection we found these had been made.

At this inspection staff understood the key principles of the MCA 2005 and knew how to put them into practice to keep people safe. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this. People's care plan records showed how people were supported to make decisions about their care and treatment, or where decisions about this were being made in their best interests, where required. For example, decisions about their medical care and treatment, which staff knew and followed.

One person lacked the capacity to make an important decision about their medical care and treatment because of their health condition. Recognised procedures were in place and followed to make sure they received the medicines they needed for their physical health, in a way that ensured their rights and best interests. This included obtaining appropriate consent from relevant health professionals and a family member concerned with their care.

Staff described how they were restricting one person's freedom in a way that was necessary to keep the person safe, following sudden changes in their health condition. The manager had taken appropriate steps to obtain a formal authorisation for this action from the relevant authority, which is known as a Deprivation of Liberty Safeguard (DoLS). This is required when a person's freedom is being restricted in this way.

People's relatives said that people received sufficient nutritious meals, but felt they were sometimes bland and lacked variety and choice. At lunchtime, we observed that people appeared to enjoy their meal. Staff knew people's food preferences and served different combinations of food to people for their main meal. Food menus provided a choice at each meal, including at least one hot alternative.

People received a nutritious diet and they were provided with regular drinks. Many people had difficulties eating and drinking relating to their health conditions and because of this they required support and assistance with their meals and drinks. We observed that staff served different types and consistencies of food to people, which met with their dietary requirements. Staff also provided people with a choice of drinks, which were offered at regular intervals and available throughout the day.

A few able people and people's relatives that we spoke with, told us they were satisfied with the care provided and that people's health needs were being met. Some people's relatives gave us examples of improvements they had seen in people's general health and their mental health and wellbeing. For example, one person's relative told us they were particularly pleased how staff understood and communicated with the person in a way that helped to reduce their anxiety. They told us, "He now shows far less agitation and aggression and is so much happier and calmer as a result." Another person's relative said, "Staff know what they are doing, they get the doctor quickly if needed."

Staff consulted with people's relatives and external health and social care professionals when required for people's care. Staff knew people's health needs and made the necessary arrangements to ensure these were met. This included arrangements for people's on-going routine health screening, such as chiropody and optical care, or specific advice about care and treatment, such as nutrition and wound care. People's care plan records showed the advice given and that it was being followed. A visiting medical health professional told us that staff reported changes in people's health needs to them in a timely manner and followed their instructions for people's care when required.

People that we spoke with and their relatives felt that staff knew what they were doing when they provided people's care. One person's relative told us, "I think the staff here are really well trained; they understand how to help people with dementia." Staff told us they received the training, information, supervision and support they needed to provide people's care. Staff training records reflected this

Good

# Is the service effective?

and showed that staff received regular training updates when required. This included clinical skills training and supervision for registered nurses employed and tailored training for all staff relating to people's dementia care needs. Dementia-care mapping was being used by staff to support peoples' social interaction, engagement and communication needs. Dementia care mapping is a research based specific way of observing people. It helps staff to understand how to engage with people and understand their experiences of their care when they cannot tell anyone.

Good

# Is the service caring?

## Our findings

People we spoke with said they were happy living at the home. People's relatives were happy with and appreciative of the care provided and said they were always kept informed and involved. Staff, were often described by them as caring, supportive and understanding. One relative told us, "The care is fantastic and care staff, do everything they can to help him." Another said, "I am fully involved and informed, I know they are getting the best care possible."

Relatives told us that staff took time to understand and to get to know people well. One said, "The staff know her really well, she's always happy here." Another person's relative told they were pleased that staff consulted and involved them in the person's care. This helped staff to understand the care experiences of the person, who could not tell them. The same relative said they were particularly happy with the way staff considered the person's wellbeing, as a result of this when they provided care.

We observed that staff supported people in a respectful, kind and caring manner and that people were relaxed in the company of staff. For example, some people needed special equipment and staff support to help them with their mobility. We saw that staff needed to help one person to move in this way, by using a hoist. Staff understood this could sometimes be a distressing experience for the person, as they often struggled to understand what was happening because of their dementia. Staff, were gentle and took time with the person, which showed concern for the person in a caring and meaningful way. When they became anxious, one of the staff assisting the person to move asked them to think about their childhood, sitting in the sunshine on a swing. The person smiled and visibly became more comfortable and relaxed, while staff completed the manoeuvre.

Most people living at the home were not able to tell staff directly how they felt because of their dementia care needs. We saw that staff acted promptly and appropriately when people were in any discomfort or distress. For example, when a staff member noticed that one person's breathing pattern had changed, they promptly fetched and supported the person to use their breathing inhaler, when they needed it. Staff also quickly fetched a personal item from another person's own room, because they knew it was often of particular comfort to them when they became anxious and distressed. We saw that the person became visibly calmer and relaxed once they had this.

Staff knew people well and understood and supported their known daily living preferences, routines and choices, which were clearly recorded in people's care plans. We observed that staff took to time to engage socially with people and that they supported people at their own pace. We also saw that staff and were always respectful towards people and promoted their dignity and privacy. For example, when they addressed people and supported them to mobilise or take their medicines.

People's relatives and advocates were involved and asked for their views about people's care. This included, individual care plan reviews and meetings held with them. All commented that staff always let them know on arrival how their family member was that day. Information about advocacy services was openly available in the home.

Good

# Is the service responsive?

## Our findings

All people's relatives we spoke with commented about the helpfulness of staff and said that they usually responded promptly when people needed assistance. They also said that staff let them know about any significant changes to people's care needs or wellbeing and said they were actively involved in agreeing people's care. One person's relative said, "I don't have to wait for a care review time; if I think anything needs changing, I can talk to the nurse and it gets sorted between us."

A few people who used the service and all of the relatives we spoke with said that many changes had been made to improve people's care over recent months as a result of their expressed views. One person's relative said, "The home has changed for the better, staff respond promptly and appropriately when people need help." Another person's relative told us that the person could easily become anxious and distressed. They were pleased with the way staff communicated with the person before they provided care and said this really helped to reduce the person's anxiety and distress. The relative was particularly pleased that staff had consulted with them about what would help and that they had acted on this.

At lunchtime we saw that people did not always receive the assistance and support they required, at the right time to eat their meal. Some people who required assistance were left waiting for long periods, which resulted in their meals going cold. Some people living with dementia were struggling to recognise their meals and drinks, or to eat and drink independently. The use of aids and adaptations, to help people to recognise their meals and eat and drink independently, were not always provided for those who may have benefitted from their use. Both staff and the registered manager said that a limited range of aids were available from the kitchen. The registered manager told us they planned to review the arrangements for assisting and supporting people at mealtimes to optimise their independence.

At all other times people received prompt assistance from staff when they needed support and the arrangements for the planning and delivery of people's care met their diverse needs. This included their mental health and sensory care needs. We saw that staff supported people with those needs to interact and engage with others. This included social, occupational and recreational activities. A revised approach to this aspect of people's care had been introduced since our last inspection of the home. This was being developed against recognised practice for dementia care, to optimise people's autonomy and independence. Considerable work had been done to develop people's care plans in this respect. Staff, were enthusiastic about the revised approach and said that this was significant in helping them to properly assess, recognise and understand people's dementia care experience and related care needs.

A few people and people's relatives we spoke with knew who to speak with if they were unhappy or had any concerns about people's care. They were all confident that these would be listened to and addressed. All of the relatives we spoke with said that they had raised concerns in the past about people's care. However, they were all pleased that these had been dealt with to their satisfaction and that the improvements made from these were being sustained. The provider's complaints records also accounted for and reflected this. This showed that complaints were listened to, taken seriously and acted on in a timely manner.

People's relatives said they were kept informed of any changes or incidents affecting people's care. This included changes in people's health condition. One relative told us that staff let them know promptly when the person had accidently fallen in the home, even though no medical action was needed, which they appreciated.

We saw that staff supported people to interact and engage with others. This included social, occupational and recreational activities. A revised approach to this aspect of people's care had been introduced since our last inspection of the home and was being developed against recognised practice for dementia care, to optimise people's autonomy and independence. Considerable work had been done to develop people's care plans in this respect. Staff, were enthusiastic about the revised approach and said that this was significant in helping them to properly assess, recognise and understand people's dementia care experience and related care needs.

During the morning we observed an interactive sensory game was organised in one lounge. People were supported to engage as they wished and at their own pace, by sensitive encouragement from staff. Before the game started, a few people who were sat nearby were withdrawn and had their eyes closed. We observed that staff put on gentle, softly playing music while they prepared the

Good

# Is the service responsive?

equipment for the game. Two other people, who were standing nearby, responded to staff's gentle encouragement and participated to help set up the game. Those who were previously withdrawn with their eyes closed, gradually responded to the music, opened their eyes and began to take an interest in the unfolding game. Their facial expressions became more animated as the game progressed and showed their enjoyment, as they often smiled or laughed.

We saw that staff supported two people with dementia, independently of each other, to engage in simulated activities that related to a past work occupation and an outdoor hobby and interest. We saw, as staff had explained to us, that this helped those people to become more relaxed and contented in their mood, rather than anxious and unsettled.

Good

# Is the service well-led?

## Our findings

People we spoke with, relatives and staff were all very positive about the management and running of the home. Many commented specifically about the service improvements they had seen since the registered manager came into post during 2014. One person's relatives said, "The improvement has been unbelievable; the staff are confident and well led and directed; they know what they are doing. " Another said, "The management changes have been amazing; it has been really positive for people's care; we are kept informed and asked for our views about how things are run." All said that the registered manager and deputy nurse manager were open, approachable and accessible to them.

The registered manager told us they carried out regular checks of the quality and safety of people's care. This included checks relating to people's health status and safety needs and checks of the environment and the equipment used there for people's care. Records showed that the results from these were used to inform, plan and make care and service improvements where required.

Improvements had been made since our last inspection for dealing with emergencies and obtaining people's consent to their care. Other service improvements made within the previous 12 months included the arrangements for people's dementia care and their safety needs, including their medicines. A visiting medical professional and local health and social care commissioners also confirmed this. Planned improvements included the development of a sensory garden for people to use.

Staff understood the provider's stated aims and values for people's care, which focused on delivering care in way that promoted people's rights. Staff said that they were regularly asked for their views about people's care via staff team and one to one meetings, such as their individual supervision. They also said that managers kept them informed about any improvements or changes that needed to be made for peoples' care and the reasons for these when required. Two of the staff we spoke with, were keen to tell us about work in progress to enhance people's dementia care experience. Both felt this had significantly raised the team's understanding of people's dementia care needs and subsequently improved their related care practice. People's relatives that we spoke with confirmed this.

There were clear arrangements in place for the management and day to day running of the home. The registered manager was supported by a deputy nurse manager and a team of nursing, care and support staff. Named nursing staff had delegated lead responsibilities for people's health and nursing needs. This included nutrition, wound care infection control and medicines. External senior management support was also provided. A staff photograph board was visibly displayed, which helped people, their relatives and visitors to identify staff and their designated roles.

Staff told us that the registered manager, clinical lead staff and other senior managers were open and accessible to them. They understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. Staff, were confident and knew how to communicate any changes in people's needs or report any concerns they may have about people's care. For example, reporting accidents, incidents and safeguarding concerns. Relevant policies and procedures were also in place for staff to follow in these events. They included a whistle blowing procedure, if serious concerns about people's care needed to be reported to relevant outside bodies, to protect people from harm or abuse. Whistle blowing is formally known as making a disclosure in the public interest. This supported staff by informing them about their rights to raise serious concerns about people's care if they needed to.

Records required for the management of the service and for people's care were accurately maintained and safely stored. The provider has sent us written notifications telling us about important events that have occurred in the service when required. For example, notifications of the death of any person using the service.