Eldercare (Halifax) Limited

Ashleigh Care Home

Inspection report

60 Stile Common Road
Newsome
Tel: 01484514291
Website: www.eldercare.org.uk

Date of inspection visit: 19 March 2015
Date of publication: 14/05/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 19 March 2015 and was unannounced.

When we last inspected Ashleigh Care Home in March 2014 we found the home was failing to meet the standards required in relation to meeting people's nutritional needs. We told the provider that improvements must be made. On this visit we checked to see if improvements had been made.

Ashleigh Care Home is registered to provide residential care for up to 35 older people. Bedrooms are situated on both the ground and first floor with three communal lounges and a dining room on the ground floor. There were 27 people living at the home at the time of our inspection.

A new manager had recently been appointed and had started work at the home two weeks before our inspection. Because of this short time in post the manager had not completed their application to the Care Quality Commission for registered manager status. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that sufficient action had been taken to meet with the compliance action set as a result of our inspection in March 2014.

People told us they felt safe and staff knew how to maintain people's safety although some had not had the required training.

We found the lounge and dining areas of the home generally clean although some bedrooms and ensuite rooms did not meet the standards of hygiene we would expect and adequate hand washing facilities were not always in place.

Staff training was in need of updating although this was being arranged. Systems for supporting staff were in place and although some slippage had occurred, the new manager had already recognised and addressed this issue.

Staff treated people with kindness and respect. People who lived at the home and their relatives told us the staff were very caring and understood their needs.

People received a nutritious diet and found the food enjoyable. People reported improvements in this area.

Care plans were in place but were in need of further development to make sure they fully reflected people's needs.

Activities were provided but only when care staff had time to do this. The new manager was addressing this and hoped to engage a person into the role of activities organiser.

Processes were in place for auditing the quality of service provision. The new manager was in the process of bringing these up to date and had produced a development plan.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

People told us they felt safe but not all staff had received the training they needed to maintain people's safety.

Standards of hygiene and infection control did not protect people from the risk of spread of infection.

Procedures for managing medicines and staff recruitment were safe.

Is the service effective?

Requires improvement

The service was not always effective.

Not all staff had received the training they needed.

Systems for supporting staff were in place.

People received a nutritious diet but improvements were needed to make the dining experience enjoyable for all of the people who lived at the home.

People were able to make choices about their care.

There was little available to support the orientation of people living with dementia.

Is the service caring?

Good

The service was caring.

People who lived at the home and their relatives told us they were happy with the care they received.

Staff were respectful of people's privacy and dignity needs.

People's diverse cultural needs were recognised.

People were able to exercise independence in making choices.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care staff could only engage people in activities when time allowed. The manager was in the process of recruiting activities staff.

People felt their concerns were listened to and acted upon.

Care plans had been developed with a person centred approach but were in need of updating.

Summary of findings

Is the service well-led?

The service was well led but improvements were needed in relation to auditing the quality of service provision, particularly with regard to standards of hygiene.

The manager had made a number of improvements since their appointment and intended to make an application to the Care Quality Commission for registered manager status.

Systems for auditing the quality of service provision were in place and were in the process of further development.

Requires improvement

Ashleigh Care 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 inspection took place on 19 March 2015 and was unannounced.

The inspection was carried out by one adult social care inspector, a registration 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. The expert by experience on this occasion had experience in caring for elderly people, particularly those living with dementia.

The inspection team were accompanied by a deputy director of the Department of Health who had made a request to CQC to observe an inspection. This person was accompanied by their guide dog and their personal assistant.

As part of the inspection process we looked at all the information we hold about Ashleigh Care Home. This included the notifications of events such as accidents and incidents sent to us by the home and reports from local authority contracts visits including infection control. On this occasion we had not sent a provider information return (PIR) to the provider. 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.

During our first visit we spoke with eight people who lived at the home, two people visiting their relatives and seven members of staff including the manager. We looked around the home, observed practice and looked at records. This included three people's care records, three staff recruitment records and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

We asked people if they felt safe at the home and all those to whom we spoke said that they did. One person said "I definitely feel safe here. There's always someone around. They check on us every 2 hours at night, I don't hear them come in." Another person said "I am nice and comfortable here." When we asked what made them feel safe, one person told us "I don't know what it is, it's just a feeling that I have."

We asked people if they felt safe around other people who lived at the home. No one spoke about any challenging behaviours which they had witnessed or that had caused them problems or distress. One person said "There's usually a good atmosphere." And another told us "We're all happy together." A person visiting their relative told us "I've never seen anything that worried me."

When we asked people about staffing levels in the home several expressed concerns. They said "Quite often there are not enough staff, especially at meal times", "It varies a bit" and "Sometimes there haven't been enough staff. It has just started to increase." A visitor told us "There doesn't always seem to be enough staff. I only saw two or maybe three yesterday. It can sometimes take a while to find someone to let me out." Several people told us that although the staff were always willing to help they always appeared very busy. One person said "Sometimes the girls are in quite a hurry because of all the things that they have to do."

Staff we spoke with were able to tell us what they would do if they thought someone living at the home was at risk of abuse or neglect. One member of staff told us they would report any concerns to the senior person on duty. They went on to say "If I felt I wasn't being listened to I would phone gateway to care (the local authority safeguarding team) and CQC." This meant that staff knew how to keep people safe.

We saw from staff training records that not all of the staff had received recent training in safeguarding. The manager told us they were in the process of reviewing all staff training needs and had already booked safeguarding training for those who needed it.

We saw from people's care records that risks to their health and wellbeing had been assessed. However these had not always been reviewed. For example one risk assessment for a person who did not like being alone had not been reviewed for almost two years.

We saw that systems were in place for recording, monitoring and analysing accidents and incidents which occurred in the home. This was so that lessons could be learned and the risk of repeat minimised.

We saw from rotas that staffing was generally arranged at four or five staff during the day with three staff at night. We noticed that, at weekends, staffing was sometimes arranged at only three staff during the day. One member of staff told us they didn't think there were always enough staff on duty to meet people's needs. During our visit we did not see any evidence of people having to wait for staff attention and none of the people we spoke with could give us any examples of how they had been affected by there not being enough staff. The provider should monitor staffing levels closely to make sure there are enough staff available at all times to meet people's needs.

We looked at three staff files and saw that procedures had been followed to make sure staff employed at the home were suitable to work with vulnerable people. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

People who lived at the home told us the home was usually clean and tidy and we found this to be the case in the lounge and dining areas. However, when we walked around the home we found a number of bedrooms, ensuites and communal bathrooms of in need of cleaning. For example, of the twelve ensuites we looked at, eight were dirty, three with faecal smearing. In one room we saw that the cleaning schedule on the wall had been signed as completed on the day of our visit, however we found the room to be very dirty. The cleaning schedule had also been completed to say that the handwash had been replaced. We checked and found the handwash dispenser empty. We showed the manager this room and they agreed with our findings. Equipment needed for staff handwashing was not available

Requires improvement

Is the service safe?

in all of the bedrooms and bathrooms we looked at. This included the bedroom of a person with a diagnosed infection for which staff hand washing was essential to prevent the spread of the infection.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that they were in the process of introducing 'home champions'. This involved members of staff taking in lead role in particular areas. The manager said this included a member of staff being allocated to look specifically at infection control issues within the home.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff that had been appropriately trained. We observed some people being given their medication during our visit.

We looked at the medication administration records (MAR) file and saw that staff followed areas of good practice such as the inclusion in the MAR file of a short term care plan for a person taking a course of antibiotics and a body map to show staff where another person's creams should be applied.

We saw that the room temperature where the majority of medicines were stored was checked daily, but the temperature of the room where controlled drugs were kept was not checked. The manager told us they had been in touch with the supplying pharmacist and requested a full medication audit. This was to make sure medicines were being handled safely and to identify any areas where improvements could be made.

This meant there was a safe system in place for managing medicines.

Requires improvement

Is the service effective?

Our findings

We asked people who lived at the home about the staff's ability to provide effective care. People told us "Of course they know what they are doing. They know how to look after me" and "The help here is very good. I think they understand about my (condition)" A visitor told us "I think they understand (my relative's) needs. (My relative) is pretty fussy."

When we asked people about the food they were served in the home, responses were variable, although those people who expressed concern told us that they felt that the standards were improving. People said "On the whole the food is good. Sometimes it gets left out a bit too long and it goes a bit cold", "Sometimes we have a supper that's non-existent. The sandwiches we get for tea can be dry and boring – they don't always have the filling we're told. They could do with some pickles or better salad. A bit of lettuce and a piece of cucumber isn't a salad", "We don't do bad for grub" and "The food is alright. Getting better. There are two choices, like it or not."

We asked people about the availability of drinks and snack outside mealtimes. We did not see anywhere for people to help themselves but everyone we spoke with said they would "ask staff" if they wanted a drink. One person said "We have breakfast, then a drink and a snack and then its lunch. We have another drink in the afternoon and a cake or a biscuit then its tea time. Then we have supper about half past eight – I can't say there are many times when I need another drink. We do well." Another person said "Sometimes there is fruit about – not every day."

When we inspected the service in March 2014 we said people were not having their nutritional needs met and said improvements were needed. On this inspection we saw that some improvements had been made. For example we saw that one person who had been identified as losing weight had been referred to the dietician and their weight had stabilised. We also saw that intake charts were being completed for people who needed them.

We observed the service of lunch in the dining room. The pace of the service matched that of people's needs. For example people appeared to arrive and take seats at a time which suited them and were quickly served their meal. People also left the tables when they were ready, giving the meal a pleasant, informal atmosphere. Staff were vigilant in noticing when people had finished their meals, asking if they had finished and if they would like some more before clearing plates. When people wanted a dessert this was served when they were ready – there was not a separate dessert course service meaning that people did not have to wait for others to finish their meals. We saw that one person of a different nationality was served food from their own culture, however another person of another nationality said they wished they had more foods from their culture. The manager told us they were looking into this to make sure both people were provided with food in line with their culture and preferences.

We found there was little social interaction in the dining room during the service of lunch. The television in the adjoining lounge had been left on and although it was not visible in the dining room it was at a high volume and could be clearly heard. We saw that staff did engage with people in a warm and pleasant manner, though this was mainly prompted by tasks.

Later in the day we observed two people being asked what they wanted for their evening meal – the choice was "sandwiches or pizza". People had to ask what the fillings were and what sort of bread they could have as no choices were offered. One person said "If I ask for ham will it be ham? I asked for ham yesterday and got turkey." None of the people we spoke with could tell us how they had been consulted in the design of menus in the past although we were shown evidence that a staff member was trying to capture people's likes and dislikes to inform future menu planning.

The introduction of 'Home champions' included a member of staff being allocated to look specifically at people's needs in relation to nutrition.

We looked at the staff training records to see if staff had received the training they needed to fulfil their roles. We saw that there were some gaps and that some staff had not received updates and refresher training. The manager told us that they had already recognised this as an issue and had provided all staff with a self assessment tool so that they could think about their training needs and the manager could make arrangements as required. Mandatory training such as moving and handling and fire had already been arranged.

The manager told us that all new staff would complete a week's induction to the company before starting work at

the home. They would then shadow staff at the home until they felt confident to be included in the staffing numbers. All new staff would then follow the Skills for Care common induction standards training.

The manager told us that in the two weeks since their appointment they had completed supervisions with all but three of the staff working at the home. This included an introduction for staff to a new 'respect in the workplace' programme. Staff we spoke with confirmed that the manager had met with them for supervision and was arranging training suitable to their needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

When we spoke to staff about the MCA and DoLS, they were vague in their understanding of how they would use them in their job. We saw from training records that some staff had received training in this area. The manager told us they had recognised staff's understanding of MCA and DoLS to be in need of development and was in the process of arranging training.

When we talked to people about any restrictions placed on what they could do, two people expressed a concern that they were not allowed to have the code for the lock on the front door and did not know of any discussions which had taken place about this. This indicated that the home may have been depriving them of liberty without any formal safeguarding around this. We spoke with the manager about this who immediately took action to make sure that these people were provided with the codes for door locks.

We saw that people's mental capacity had been assessed and some people had restrictive practice assessments within their care files. The manager had recognised that improvements in this area were needed to make sure people living at the home were not deprived of their liberty.

When we spoke to people about their access to healthcare professionals they told us that staff supported them to go to their dentist and to go to hospital appointments. Two people told us they saw their own GP's. We saw from people's records that the advice of healthcare professionals were sought as needed. This meant that people's health care needs were met.

Some of the people we met during our visit were living with dementia. However, we did not see any environmental adaptations to support people with their orientation and we did not see any easy availability of items for people to engage with as they moved around the home.

Good

Is the service caring?

Our findings

We spoke with people who lived at the home about how staff supported them, if they felt involved in their care, if staff met with their needs for privacy and dignity and if they were able to maintain their independence. People told us: "The staff are always busy but they stay cheerful and get on with it", "The staff are all easy to get on with. We never have a fight" and "The staff are nice they come and have a chat with me when they have time."

Some people told us they felt that they were able to maintain as much independence as they wished. One person said "You need to do as much as possible for yourself – we don't want to get too old!" Another person told us about being able to choose which help they received when bathing and showering. They told us "They like you to keep independent – if you feel you can't do something they'll help you, otherwise they let you get on with it." Nobody could tell us about how they were involved in their care and a visitor we spoke with said they had not been involved in their relative's care planning.

We asked people where they could see their relatives when they visited. One person said "They can come in here (the conservatory) or go to my room" and another told us "There is always somewhere quiet you can find to sit with them, there are a number of rooms."

We talked to people about routines in the home. People told us that they felt able to get up and go to bed at times which suited them, and their preferences in relation to this were being surveyed by the home. All the people we spoke with said they were able to return to their rooms during the day if they wished.

We did not observe any care being provided in a way which compromised people's privacy or dignity, and none of the people we spoke with felt they had experienced this. People said staff always knocked on the doors of their rooms before entering and asked before offering assistance.

We saw staff assisting people with patience and kindness. For example when people had help to stand or transfer, the staff member was focused on the person and enabled them to do what they could at their own pace, using encouragement and reassurance. We observed a person ask if someone could take them to use the toilet during lunch. The person could walk unaided however needed to hold on to the staff member for stability. As they walked the staff member asked questions such as "Did you enjoy your lunch?" and "What did you have?", maintaining a conversation as they walked.

We saw that care plans considered people's needs in relation to maintaining their dignity. For example, one person's care plan read 'It is important to me that I am treated with respect and dignity at all times'.

We saw that two people who lived at the home were of different nationalities. One member of staff told us about how the manager was working to improve the care given to a person who had limited use of English. The staff member told us that the manager had arranged for a representative from the person's church to come and speak to them in their own language and to help staff understand the person. The manager had also made arrangements for food from the person's culture to be provided. Arrangements for obtaining food suitable to the other person's culture and preferences were also in place.

This showed that staff were respectful of people's diverse needs.

Requires improvement

Is the service responsive?

Our findings

We asked people about how they spent their time, if there were activities for them to engage in and what they would do if they wanted to complain about something.

People told us: "There isn't really a lot to do, but the manager has been round and asked for ideas about what we would like to do", "I don't know what there is to do. I knit sometimes" and "Most of the time it's very boring here. The manager told us he's trying to recruit someone to do more here. I think he will succeed in improving things in that respect." A member of staff told us " Activities only happen if we have a spare five minutes"

All of the people we spoke with about what they would do if they wanted to make a complaint said they would tell staff about any such matters. None of the people we spoke with could tell us about a time when they had need to do so. A visitor told us that they had raised a concern with the manager recently They said "I think he took me seriously and I was happy with his response."

On the day of our visit some people who lived at the home were seated in the foyer where a radio was playing. The television was on in the conservatory. We asked people how the programmes were selected. Most did not know. One person told us "I haven't got it now but they often leave me with the remote control – I think I'm the only one who knows how to use it. If someone tells me there's something they want to watch I put it on for them." A visitor told us that the new manager had arranged for a daily supply of newspapers to the home. The visitor told us that this had been stopped some time ago and people had really missed it. We saw people reading the papers and one person told us they were pleased to have them back.

People we spoke with could not tell us how they were supported to maintain relationships with family and friends other than by them visiting. We asked about whether people had phones in their rooms or could use the office phone should they want or need to but no one told us about having their own phone or about a time when they had used the home's phone or been offered use of it.

We saw that the activity record in one person's care plan was blank. This was despite the person having a number of hobbies and interests detailed in their care plan.

The manager told us about ways in which they intended to improve activities and involvement of people's friends and families in the home. An example of this was the first 'newsletter' which had recently been produced. The newsletter included details about a new initiative to encourage family dining, where people's friends and families were invited to the home to enjoy Sunday lunch. The manager also told us they planned to recruit a person to arrange and deliver meaningful activities for people living at the home.

We looked at the system for managing complaints in the home and saw that the new manager had recorded all concerns that had come to his attention since his appointment. We saw that complaints monitoring formed part of the manager's monthly audit but noticed there had been some slippage in this prior to the appointment of the new manager.

When we looked at care plans we saw they had been developed with a person centred approach in that they had been written from the point of view of the person and included information about their preferences, interests and abilities. However there was little evidence that staff used this information in people's daily care and support. For example, one person's care file detailed their lifelong interest and participation in sport but there was nothing in the care plan to show how staff would support the person in maintaining this interest. We also saw that information provided to staff by the person's relative about their preferences, had not been included in the care plan. Another care plan stated that the person preferred to sit with others at mealtimes and did not like to be alone. However, we saw this person sitting alone in the lounge for their meal.

Whilst care plans did include some good details and gave consideration to people's privacy and dignity needs, they were not always up to date. For example, an assessment and care plan relating to a person's painful arthritis had not been updated for over two months.

One care plan for a person living with dementia gave good details about what staff should do if the person became resistive to care. The information named staff that the person responded to and encouraged staff to involve these people wherever possible. However we did not see any

Requires improvement

Is the service responsive?

information about how the person's dementia affected them, how it affected their behaviour or what support staff should give to assist the person to live well within their dementia.

Requires improvement

Is the service well-led?

Our findings

The manager of the home, at the time of our visit, had only been in post for two weeks. They had not, at this time, submitted their application for registered manager status to the Care Quality Commission.

We talked to people about their relationship with the manager and received enthusiastic responses, with some people able to name him and refer to conversations with him. One person said "The new manager is very good, he comes round and talks to us. We see him about all the time." Another said 'The manager is really making an impression. He comes to talk to you, always very nicely." One person told us "I can talk to the new one." Two visitors we spoke with were positive about the new manager's manner and visibility. One had experience of raising a concern with him which they felt would be dealt with appropriately and the other spoke of improvements the manager had already made.

We asked people how they were involved in how things were organised within the home. One person said "There are meetings but they are very seldom." Another person told us "Sometimes the staff ask us what we think of things, and the manager has been round to ask us" and another said "We have had a meeting about the food – at times it has been drastic but it is better now."

All of the staff we spoke with were positive about the new manager, one said "He really listens to us, I wouldn't be still working here if it wasn't for him, he has done more to encourage me in the last two weeks than I have had for a long time here"

When we asked staff about their relationship with the registered provider, one person said "He visits quite a lot but goes straight into the manager's office and we never speak with him."

The new manager told us of the plans they had for improving the involvement of the people who lived at the home, their relatives and staff in the running of the service. This included the 'Home champions' iniative along with monthly staff meetings and two monthly residents and relatives meetings.

We saw that although there were a number of systems in place for monitoring the quality of service provision, there had been some slippage due to the change of managers. We also noted there were no reports of quality monitoring by the registered provider, or their representative since the previous year.

We saw that safety checks including the Legionella risk assessment, the gas safety and fire detection and alarm system checks were up to date.

We saw the new manager had already begun to address issues of quality within the home through talking to people who lived at the home, staff, contracts and infection control officers and their own observations. They had produced a development plan which we saw detailed areas identified as in need of development or improvement, what action was needed and a timescale for completion.

This showed that the new manager recognised their responsibilities relating to delivering a quality service and was already demonstrating effective leadership within 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Standards of hygiene were not in place to protect people from the risk of the spread of infection.**