Chalemere Limited

# Ashfield Court - Harrogate

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 1 and 2 March 2017 and was unannounced. This meant the provider was not aware we were intending to inspect the home.

Ashfield Court is a large detached house which has been extended and adapted for its current use. There are two main parts to the home; the original house area and a newer extension, known as "the wing." The home is situated near The Stray in Harrogate.

The home is registered to provide care for up to 45 people, although we were informed that the maximum number the home would accommodate now would be 42, due to changes in room configuration. At the time of the inspection there were 37 people living at the home, all in single rooms. There was disabled access into and throughout the home. The accommodation is set on three floors and there is a passenger lift serving all floors. There is access to a secure courtyard garden area.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since August 2011. A registered manager is a person who has registered with the CQC 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.

People said they felt safe living at the home and said staff treated them well. Staff had received training with regard safeguarding vulnerable adults and demonstrated an understanding of potential abuse. Windows in the corridor area of "the wing" did not have restrictors or devices that met with current Health and Safety Executive guidance for care homes and no risk assessments were in place. Other checks and risk assessments on fire equipment, water systems and electrical and gas installations had been undertaken.

The home was maintained in a clean and tidy manner throughout the inspection. The home used an electronic system to help manage medicines safely. Systems in place to ensure people received topical medicines (creams and lotions) were not safe or managed consistently. Topical medicines were not always in date or dated when opened. The use of topical medicines was not always recorded and some creams prescribed for one person were used on others, who had not been prescribed the item. There was some overstocking of medicines.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support people at the home. A dependency assessment and staff rota documents demonstrated staffing hours at the home were maintained above the provider's recommended hours.

People and relatives told us they felt staff had the right skills and training to support them. Staff confirmed, and records showed, there was access to a range of training. Regular supervision and annual appraisals took place. Some supervision records were photocopied.

People told us they were happy with the standard and range of food and drink provided and could request alternative dishes, if they wished. Kitchen staff had knowledge of specialist dietary requirements. Soft or pureed diets were presented in a manner that supported people's dignity.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The assistant manager told us no one currently living at the home was subject to a DoLS. Assessments of people's capacity had been undertaken, but these were not always reviewed. There was some evidence decisions had been made in people's best interests, in line with the MCA. One relative had signed a consent form without the home being clear they had the authority to do so. Some people with capacity to make decisions had not always been asked to sign consent forms. We have made a recommendation about this.

People's health and wellbeing was monitored, with evidence of regular access to general practitioners and other specialist health staff.

People told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff demonstrated an understanding of people's particular needs. People said they were treated with respect and their dignity maintained during the provision of personal care. Most people said they were involved in their care planning, although others were unclear about this. There were regular 'residents' and relatives'' meetings and we sat in on one such event during the inspection.

Care plans were not always up to date, did not always contain specific or personalised detail and had not been reviewed effectively or had incorporated new information during the review process. Some activities were offered for people to participate in including; outside visitors conducting exercise classes, group events and some individual support. Most people and relatives told us concerns or complaints were dealt with appropriately.

The quality assurance manager told us regular checks were carried out on people's care and the environment of the home. These audits and checks had not identified some of the short falls highlighted at this inspection. Staff were positive about the registered manager and the wider management support. Staff told us there were regular meetings at which they could express their views or make suggestions. Records were not always maintained and did not always contain detail of the care and support offered. Copies of the most recent quality questionnaires for people, relatives and professionals were overwhelmingly positive about the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Safe care and treatment and Good governance. We have also made a recommendation to the provider in relation to ensuring the home complies with the requirements of the MCA. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Topical medicines (creams and lotions) were not always managed safely and effectively. Records relating to their administration were unclear or incomplete.

Checks on equipment and the safety of the home had been undertaken. One area of the home did not have window restrictors that met current requirements. Staff had received training with regard to safeguarding vulnerable adults.

Suitable recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. People said there were sufficient staff to meet their care needs. The home was clean and tidy.

### Is the service effective?

**Good**

The service was effective.

Records confirmed a range of training had been provided and staff they had been supported to update this. Staff confirmed they received supervision sessions and annual appraisals.

People told us they were offered choices about the care they received. No DoLS applications made by the home. There had been some assessment of people's capacity, although this was not always reviewed. Formal consent forms were not always appropriately completed.

People had access to a range of meals and drinks and specialist diets were supported. People's wellbeing was supported through regular contact with health professionals. The environment of the home was good, although some areas needed the decoration refreshed.

### Is the service caring?

**Good**

The service was caring.

Relationships between people and staff were friendly and

reassuring.

People and their relatives told us they were happy with the care they received and felt they were well supported by staff. There was some evidence people had been involved in determining the care they received. There were regular meetings to allow people to participate in the running of the home.

We observed staff supporting people with dignity and respect in a range of care situations. People were supported to maintain their independence.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Assessments of people's needs had been undertaken although care plans did not always reflect individual needs or were up to date. Reviews of care plans were not detailed and did not reflect the latest professional advice.

There were a range of activities for people to participate in. People told us they could make choices about how they spent their days or the care they received.

The provider had a complaints policy in place and people told us they were aware of how to raise any complaints or concerns. There had been no recent formal complaints.

## Is the service well-led?

**Requires Improvement**

Not all aspects of the service were well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were safe and effective. These checks had failed to identify the issues we noted around the management of medicines, missing window restrictors and the updating of care records. Records were not always well maintained or accurately kept.

Staff, were positive about the leadership of the registered manager and assistant managers. Staff said they were happy working at the home and there was a good staff team there. Questionnaires had been used to gather people's views and there was a high level of satisfaction with the service.

Regular staff meetings took place and staff told us management listened to and acted on their suggestions.

# Ashfield Court - Harrogate

**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 1 and 2 March 2017 and was unannounced. This meant the provider was not aware we were intending to inspect the home.

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with six people who used the service to obtain their views on the care and support they received. We also spoke with four relatives of people who used the service, who were visiting the home on the day of our inspection. Additionally, we spoke with one of the assistant managers, the quality assurance manager responsible for the home, the administrator, a member of the nursing staff, three care workers, the activities co-ordinator, a member of the housekeeping staff and the cook.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; five care records for people who used the service, the home's electronic medicine administration and recording system, four records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Requires Improvement

# Is the service safe?

## Our findings

We looked at how medicines were managed at the home. The nurse on duty demonstrated the home's electronic medicines management system. She explained how all medicines were entered onto the system and were administered using the electronic records. She said each staff member had a unique log on code, so it was clear who had administered medicines or added to the records. Once a person's medicines had been given for that particular time (i.e. morning, lunch time or evening) then the photograph of the person turned grey, indicating all the appropriate medicines had been given. If there remained any outstanding medicines then the photograph remained in colour. In this way there was an immediate visual reminder there remained outstanding medicines to given. She also showed us how the system monitored stock levels, through counting the numbers of medicines given and provided an over view of the current status of all medicines for each day, such as how many medicines had been refused or when medicines were due to expire.

Some people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. The system recorded when these medicines were given. Care plans detailing the circumstances for "as required" medicines to be administered were still maintained in paper form. We found "as required "care plans were not always in place for some of the medicines, in particular topical medicines, such as creams and lotions. We looked at how medicines at the home were stored, including controlled drugs. Controlled drugs are medicines that are subject to particular legal restrictions on their use and storage. We found medicines were stored appropriately and temperatures monitored. We noted some overstocking of medicines. In some cases there were in excess of two months medicines available. The nurse told us this would be reviewed and stock levels checked.

We saw topical medicine use was not recorded on the electronic system. We asked the nurse how these were managed. They told us this was undertaken by care workers, who applied creams and lotions when they delivered personal care. Their use was recorded in people's electronic care records. They told us creams and lotions were stored in people's rooms. On checking people's rooms, we found overstocking of creams. In one person's room there were seven large containers of an emollient cream, five of which had been opened and were in use. We found creams belonging to other people in some people's rooms. We noted a care staff member had written in a person's care records they had applied a particular cream, although the person was not prescribed this cream, and the only container for this particular item was labelled for the person in the next door room. We found several creams where labels had become rubbed and we could not verify who they were for. Some creams in people's rooms were beyond the manufacturers use by dates. Creams that were in use had not been dated to say when they had been opened, so we could not be sure they were still safe or effective to use. Records of when creams were used were poorly maintained. On person was prescribed a steroid cream twice a day, but there were no recent records to show it had been applied.  Another person's medicine record stated a cream should be applied "liberally and often." However, there were no recent entries to show this prescriber's instructions had been followed. We also noted there were no body maps in people's files to ensure staff applied creams to the correct area of the body. We spoke with the quality assurance manager about the management of creams at the home. She agreed it was not good and said it was an area they had been looking to address.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

We spent time walking around the home when we commenced the inspection. We found in people's rooms appropriate window restrictors had been fitted to prevent windows opening wide and ensuring the risk of falls from height were managed. However, we found a corridor in the "Wing" area of the home where the windows opened onto a drop and there were no external window restrictors fitted. Internally fitted devices could be overridden and the window opened wide. This meant this area did not comply with Health and Safety guidance on preventing falls from windows in care homes. We spoke with the quality assurance manager about this. She told us she understood the windows had been made safe, but would ensure action was taken immediately.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

Risk assessments and checks on equipment were in place. We saw copies of certificates for gas safety, five year fixed electrical systems safety, portable appliance testing (PAT) and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) certificates for hoists and lifts. There were also up to date Legionella risk assessments and fire risk assessments. Regular checks were undertaken on fire equipment and fire alarm systems. Fires systems had also been subject to an annual check by an outside specialist contractor. Regular fire drills had also been undertaken to ensure staff knew what action to take in the event of a fire. People had personal emergency evacuation plans (PEEPs), which detailed the support they would need in the event of a fire or other emergency. People's care files contained some evidence of risk assessments linked to their care, such as the risks associated with people's mobility and the use of a wheelchair or risk linked to people's skin integrity.

At the previous inspection we had found accidents and incidents at the home had been recorded and managed appropriately. At this inspection we found this was still the case and such records remained up to date.

People told us they felt safe living at the home. Comments from people included, "It's safe because it is secure and I'm surrounded by people" and "Yes, I feel safe." The assistant manager told us there had been no individual safeguarding issues reported within the past 12 months. Staff we spoke with told us they had completed safeguarding training and understood their responsibilities with regard to monitoring and reporting potential abuse.

At the previous inspection we had found the provider had in place appropriate systems for the safe and effective recruitment of staff. At this inspection we found this continued to be the case and recently appointed staff had been subject to effective checks prior to commencing work, including Disclosure and Barring Service (DBS) checks. Staff and people told us they felt there were enough staff on duty during the day to support their needs, although it could be busy at times, and we witnessed call bells rang regularly in a morning. Comments from people included, "Oh yes, there are plenty of staff"; "I have found there is" and "They come if I press my button." Relatives told us, "There is always a member of staff available" and "I do find Sundays a bit sparse." We asked the quality assurance manager if the home used a dependency assessment tool to determine the number of staff hours required. She showed us a detailed document defining a range of hours required at the home and indicating actual delivered hours were generally above the upper requirement.

The home was clean and tidy. We spoke with the head housekeeper. She showed us the cleaning systems

employed at the home and told us there were enough domestic staff to effective support cleaning at the home. We found bathrooms and toilets were kept clean, the laundry area was tidy and effectively managed and the kitchen area effectively managed. The kitchen had been given a five star rating from the food hygiene inspector; the highest possible rating.

Good

# Is the service effective?

## Our findings

People and relatives told us they felt staff had the right skills and training to support them. Comments included, "(Name of person) did have a fall and from what I observed two staff were quickly in their room and professionally got them back into bed"; "Yes, they are well trained" and "They realise when someone needs help without them asking for help."

At the previous inspection we found staff had been supported to access a range of training and development. The home's administrator showed us the training matrix maintained to monitor staff development. We saw a range of training had been undertaken, including food safety, safeguarding, moving and handling and practical fire training. Of the 63 staff listed most areas of training indicated only around three or four staff still needed to complete up to date training. Staff we spoke with told us they felt there was sufficient training. Nursing staff told us they were supported by the manager to achieve their nursing revalidation. Revalidation is a recently introduced process by the Nursing and Midwifery Council to ensure all registered nurses have the required skills and training to practice safely.

Staff told us they had also been subject to an annual appraisal and were provided with regular supervision. We saw copies of staff personal development plans and also records of supervision discussions. Whilst the majority were individual to each member of staff some supervision records, particularly for kitchen staff, seemed to have been photocopies, although staff had signed the records. One staff member told us, "We get supervision four times a year; although you can go to (registered manager) and (assistant manager) any time for help."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The assistant manager told us no one at the home had a DoLS in place. They told us they had recently made an application for one person, but this had been turned down on assessment. People's care records contained some indication an assessment of people's capacity had taken place on admission to the home. However, it was not always clear this assessment had been reviewed or up dated, to ensure people continued to have the capacity to agree to live at the home.

The majority of people living at the home had signed consent forms with regard to sharing information with visiting professionals and the taking of photographs for care record purposes. Where relatives had been granted Lasting Power of Attorney (LPA) then a copy of the LPA documents was available in the care file. We

found one person's relative had signed a consent form without any indication they had legal authority to do so. We also noted one person had bed rails in place, to help keep them self, but had not signed a consent form for this, the administrator immediately ensured this matter was dealt with.

We recommend the provider ensures there are regular reviews of people's capacity and consent is maintained in line with MCA guidance.

At the previous inspection we found people were supported to maintain good health and well-being. At this inspection we found this continued to be the case. People's records contained evidence of attending hospital appointments or being seen by general practitioners or other health professionals. On the second day of the inspection we saw district nurses visited the home to help support a person who was living at the home on a residential, rather than nursing, basis. Relatives told us, "I had a call from the doctor this week. He came to see her here. Staff had called the doctor because they had spotted something" and "Yes, (name) was poorly and had to go to hospital a year ago. Staff looked after them and got the doctor."

People told us communication was good and relatives said they were kept up to date if there were any issues or problems with their relation's care. One relative told us, "It's pretty good overall. They will tell me if (person's name) is not well." One relative said they felt communication could be better at times, although if they specifically asked they would be kept up to date. Staff told us communication within the home was good, we saw there were various handover documents that detailed information about people's current health or changes in their condition. One staff member told us communication between all staff was good. Asked if there was any way communication could be improved they said, "To be honest there is nothing, there is good communication between all of us."

At the previous inspection we found people were supported to access appropriate levels of food and drinks. At this inspection we found this continued to be the case. People we spoke with told us they were happy with the meals. Comments included, "Yes, it was very nice today" and "If I didn't like it I would be offered something else." A relative commented on their relation's care, "(name) has everything mashed and she has an extra grazing diet to help put her weight on." We spent time observing meal times at the home. We saw food looked well presented, hot and appetizing. We saw people were supported appropriately by staff and, where necessary, encouraged to take an appropriate diet. We spoke to kitchen staff, who explained about how they supported people with additional nutritional needs. They explained "grazing diets" were used to give extra calories to people where there was concern about their weight. Kitchen records also contained information about people's dietary likes and dislikes.

Good

# Is the service caring?

## Our findings

People and their relatives told us they were well cared for by staff and they were kind and polite. When we asked them if staff were caring they replied, "Most of the time"; "They speak to me very nicely"; "On the whole I think they are very patient with me" and "They are very supportive and sympathetic." We observed staff treating people with patience and taking time to ensure people they were happy and comfortable. For example, we witnessed one care worker in a person's room taking time to draw the curtains to various positions to allow them to better see their television screen. Once they had done this, they made sure the person was alright otherwise and checked they were warm enough. We also witnessed staff when they were hoisting a person into an arm chair. We saw they took time to explain to the person what they were doing, made sure the movements were slow and steady, protected the person from banging against the device and ensured they were fully settled once in the easy chair.

The quality assurance manager and administrator told us there was no one living at the home who had requested support with issues of equality and diversity; such as matters around race, gender, religion or ethnicity. People's care plans indicated if they had any particular religious leanings or followings and dietary information sheets asked whether there were any cultural diet issues that needed to be taken into consideration. No one we spoke with raised any concerns regarding this area.

Some people we spoke with told us they knew about their care plans and were involved in determining and reviewing their care needs. One person told us, "I have leaflets here about my care plan; I don't think I can remember it all." A relative told us they knew about their relation's care plan although the person's social worker was also very involved. Other people told us they could not recall being asked about their plans telling us, "Nobody asks me" and "I don't really know about it."

On the first day of the inspection there was a 'residents' and relatives'' meeting taking place in the afternoon. We spent time sitting in on the meeting and observing how it was conducted. Most people we spoke with knew the meeting was scheduled to take place, although not everyone said they attended. One person told us, "I have seen something on the notice board and if there was something I wanted to discuss I would go."

The meeting was attended by seven people who lived at the home and two staff members. Notes from the previous meeting were read out and one of the staff took notes of the current meeting. There were some set elements to the meeting with matters such as fire safety issues, raising any safeguarding concerns and confidentiality covered. People were encouraged to raise any concerns as a method of improving the quality of the service and reminded they could always approach the manager. One person raised an issue about having missed their tea on one day. They were reassured if this happened again they simple had to ask and an alternative would be provided. We observed people seemed at ease during the meeting and were comfortable raising any issues.

People told us staff treated them with dignity and respect and their independence was supported. They told us, "Most of the time they knock on my door" and "Yes, they always knock on my door, generally speaking."

We observed staff following this practice and waited for people to respond before going into their rooms. One person told us about the staff, "They never make me feel stupid and they are good with my personal care." A relative also confirmed the saw staff seeking permission before entering people's rooms. Staff we spoke with were able to describe how they supported people appropriately, highlighting how then ensured people were covered as much as possible during the delivery of personal care and how they tried to be discrete when offering to support people to the toilet.

Requires Improvement

# Is the service responsive?

## Our findings

We found care plans were not always up to date, did not always contain specific detail or had not been reviewed effectively. The home operated a computer based system of care records. We saw some care plans were not reflective of people's needs or their current care delivery. For example, we witnessed one person being hoisted from a wheelchair into an easy chair after breakfast and again after lunch. We saw this was done safely and appropriately by staff. We checked with staff about the individual's mobility and they confirmed the person was always hoisted between chairs and was unable to stand or mobilise with support. We looked at the person's care plan for mobility. We saw the plan stated the person could stand with support and could move between chairs when helped by staff. The plan stated they should only be hoisted when being supported to have a bath.

In another care plan we noted a person had diabetes. The care plan stated the person's blood sugars could fluctuate and these should be monitored twice a day. We checked the person's daily records and found that in recent weeks the blood sugar levels had only been monitored once a day. We asked the assistant manager about this. They told us the care had been changed in conjunction with the specialist nurse. The showed us an entry in the care files dated 1 February 2017 to confirm this. She said she had not had time to update the care plan. However, we noted the care plan had been reviewed by a nurse at the home, on 3 February 2017, and the change had not been noted or the care plan updated. In a third care plan a range of medical conditions were highlighted and the care plan stated staff should, "monitor known medical conditions and observe for any changes or deterioration…" However, there was no indication as to the signs or symptoms staff should be alert for, to confirm the person had a health problem.

We noted some people had care plans in place when there was no clear assessed need, such as plans for breathing or their mental health. For example, one person had an intervention under their mental health care plan which stated staff, "should observe for signs of social withdrawal, lack of interest or self-neglect..." We asked the deputy manager if this person was prone to depression and they confirmed this was not the case. Plans often contained the same phrases or statements for different people under each care heading or had statements which were unclear in meaning. For example, under one person's goals was the phrase, "(Name) would like their speech to optimised." We asked the quality assurance manager and the administrator about the electronic plans. They told us some plans and phrases were automatically generated when a person was added on to the system and then the person's individual details added to these automatically generated statements. Other care records contained more detailed instructions for staff to follow, such as always speaking slowly for one person, to ensure they had time to process questions, and identifying another person required specific help at breakfast to spread butter and jam on their toast.

Reviews of care plans were undertaken monthly by both care staff and nursing staff. However, these were not always detailed. There was frequent use of phrases such as, "no changes to review at this time" or "staff to continue to monitor", without any clear indication people's care needs had been reviewed or reassessed. This meant care plans were not always reflective of people's needs and did not always reflect the individual requirements of people living at the home.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good Governance.

People told us staff supported them well on a day to day basis. One person told us the service was good and, "I like to use the bathroom at 2.00pm and have a shower on Mondays and Thursdays. Staff help me with that." Another person told us, "You can have pain relief when you need it."

At the previous inspection we had found there were a range of events taking place at the home. At this inspection people told us there continued to be activities for them to participate in, if they wished. We witnessed group sessions taking place on both days of the inspection, with people engaged in a crossword / quiz session and a singing event, where people were given the first line of a song and encouraged to recall the actual song itself. There was evidence on notice boards of other activities and events being provided to help stimulate people and encourage socialisation, such as armchair exercises and a visit by a dog. The activities co-ordinator told us about how they tried to support people both in groups and individually. They told us, "I try to interact with all the residents and people in this room need more support." People told us they enjoyed the activities. Comments included, "There is quite a lot to do. (Activities co-ordinator) is very good at getting people involved" and "I like to play board games in my room." We observed a staff member playing a game with the person. One relative told us about their relation, "She gets involved with singing and tries the exercises."

People told us their choices were supported. People were offered choices of meals including main meals and puddings. People also told us they were able to choose how they spent their day, whether they wished to go spend time in communal lounges or whether they spent time in their own room. We saw many people chose to have their door closed when they were in their room and watching television or listening to music. One person told us, "I like my own company; I watch telly. At my age I want peace and quiet. I get visitors and that's enough." Care plans contained information about people's personal choices and preferences, including whether they wished to be supported by male or female care workers or were happy to be attended by both, what time they liked to rise or go to bed and how they wished to be addressed by staff.

The provider had in place a complaints policy and information on how to raise a complaint or concern was displayed on notice boards about the home. The quality assurance manager and the administrator told us there had been no recent formal complaints. We noted at a 'residents' and relatives'' meeting people were reminded and encouraged to raise any concerns, so they could be addressed. People we spoke with told us they had never had to raise any complaint, but would speak to the registered manager or a staff member if they needed to. Comments from people included, "I have never had to do it but I think I would go to the manager. She will listen and do something about it"; "I have never had to complain" and "I wouldn't know who to complain to but I would go to (registered manager)." One relative told us there had been, "nothing up to now" to raise a concern about. Another relative told us they would be nervous about raising any issues and unsure about the response. We fed this anonymous comment back to the quality assurance manager to consider how best to improve the message about raising complaints.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of the inspection there was a registered manager in post. Our records showed she had been formally registered with the Commission since August 2011. The registered manager was on annual leave at the time of the inspection. We were supported during the inspection by the provider's quality assurance manager overseeing the home, one of the assistant managers and the home's administrator.

The quality assurance manager and the administrator showed us a range of checks and audits carried out at the home. These included monthly reviews of care plans, bi-monthly audits of medicines, infection control audits occurring three times a year and health and safety audits also undertaken three times a year. The quality assurance manager told us she oversaw ten homes within the region and visited Ashfield Court approximately once a month. She told us that as part of her visit she carried out reviews of care plans, medicines, staff supervision and a range of other documents and processes. She said from these visits an action plan was produced and the identified action followed up at the following visit. We saw copies of quality reports from assurance visits in January and February 2017 and found these were quite detailed. However, the checks stated the use of creams and lotions was evidenced in people's care records, when this was not consistently carried out. The checks had also failed to identify wider issues with administering topical medicines, including the use of other people's creams and out of date creams. The assurance checks had also incorporated reviews of care plans. But they had not identified the lack of detail in some plans or the limited review processes or failure to update plans. The reviews had also failed to note the lack of appropriate window restrictors in one area of the home.

We looked at home people's daily care was recorded. As people's care records were stored electronically staff could only access and update them using one of three laptops. Staff said they could not always immediately access the laptops and so tended to make written notes of issues and then add details into the electronic system when they had time. The quality assurance manager told us all the laptops could log onto the system anywhere in the home. The detail of daily records varied. We saw good detail around an event which led to a person being admitted to hospital. However, other daily records were often limited in detail and were not always person centred. We spoke to the quality assurance manager about the nature of the daily records. She agreed they needed to be more reflective of people's personal experiences and felt this was a cultural change for staff.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good Governance.

People and relatives told us they felt the home was well run and the registered manager was approachable. One person told us, "It's got a good name in Harrogate. People told me how good it was. That's why I'm here and it suits me." Relatives said, "I am really happy with the service"; "On the whole I'm pleasantly surprised. Most people are very, very nice" and "I come to the service every day. If I need to talk to the manager she is in her office." Staff also told us the registered manager was approachable and listened to any issues or concerns they may have. Comments from staff included, "(Registered manager) is fine; approachable. She will listen to you"; "(registered manager) is approachable. She will call a spade a spade, but she does not

shout at you across the room. She will speak with you in the office. She is fair"; "Assistant managers are brilliant support. They are happy to come in and sort things out" and "(Registered manager) is nice; approachable. She is really good with the residents and always talks to them."

Staff also told us there was a good staff team at the home. Comments included, "It's a really good staff team; we support each other. You can ask for help and they will gladly help you"; "It's a good lot of staff that will pick up shifts as needed. A number are multi-talented and can work where needed. There's a good stable set of nurses as well" and "I like working with colleagues, we support each other the best we can. The nurses are all really good."

The quality assurance manager told us a 'residents' and relatives'' survey was currently in the process of being conducted by an outside agency. She said this would cover the 2016 period. We looked at the survey results for 2015. The report showed there had been 30 responses to the questionnaires, with an overall satisfaction score of 964 out of a 1000. Questions covered areas such as dignity, happiness with care and support and sensitively to feelings. All scores were above 90% when combined for 'tend to agree' or 'strongly agree', with only the question, about staff having time to talk, dropping below this figure and attracting any negative responses. Most scores for each area of the home were above the overall average for the provider.

The quality assurance manager also showed us copies of internal quality questionnaires returned from visiting professionals and relatives. 11 professionals had returned questionnaires and 12 relatives. The relatives' questionnaires included a small number of negative responses. The report included a section about how the home had responded to these concerns including following up issues at meetings and encouraging people to raise issues with the registered manager. The response from visiting professionals was overwhelmingly positive, with most professionals rating the home as a 'five'; meaning they were satisfied by the standard of care.

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<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems were not in place to assess and mitigate risks with regard to the safety of the environment of the home. Medicines were not administered or managed safely and effectively. Regulation 12 (1)(2)(a)(b) (d)(g). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes were not effectively operating to monitor, improve and ensure the quality of the care provided at the home. Appropriate, accurate, complete and contemporaneous records were not always maintained. Regulation 17 (1)(2)(a)(b)(c). |