

Ashgate Care Limited

Ashgate House Care Home

Inspection report

Ashgate Road
Ashgate
Chesterfield
Derbyshire
S42 7JE

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Tel: 01246566958

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashgate House Care Home is a residential care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

The home is split into two units, the older original building with lift access to the second floor and a newer ground floor extension. Both areas had communal spaces and the rooms in the new extension had ensuite facilities.

People's experience of using this service and what we found

The provider and registered manager had reviewed their auditing processes and we found there to be a robust system in place. These systems and audits enabled ongoing improvements and opportunities for changes.

People, relatives and staff felt supported by the management team. Staff had received a range of training to support their roles. These had provided a focused approach to dementia care and end of life. Staff were able to share the benefits of these. Staff were recruited safety in line with the providers recruitment policy. There were sufficient staff and when agency staff were used these were regulars to ensure consistency of care.

People were safe from harm and staff have received training in safeguarding and understood how to report any concerns. Risk assessments had been completed to cover all aspects of care and mitigation measures were in place. Medicines were managed safely and in line with people's prescriptions.

Lessons had been learnt from the previous inspections and measures were now in place to review falls and incidents. Staff and management worked in partnership with health and social care professionals and people's health care needs were met.

Peoples hydration and nutrition was monitored, and we saw a range of options and snacks available. The home had a range of spaces for people to use and there was an opportunity to use the garden.

Care was provided in a caring and dignified way. Ensuring peoples independence and personal daily choices were considered. Opportunities were provided for people to enjoy activities or pastimes old and new.

The home complied with all the infection, prevention and control measures. There was a complaints policy and any concerns raised had been addressed formally. The registered manager recognised the importance of duty of candour and this was reflected in the open approach and shared communication as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was Requires Improvement (Published 2 September 2020)

Our last inspection was a focused inspection and only reviewed the domains of Safe and Well-led. The provider completed an action plan after the previous inspection to show what they would do and by when to improve. At this visit we completed a full inspection and found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating, further prompted in part due to concerns received about staffing levels and the care people were receiving.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ashgate House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

Inspection team

The inspection was completed by three inspectors. Two of these were on site, whilst the third inspector supported from the office reviewing paperwork and contacting relatives.

Service and service type

Ashgate House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

On this occasion the provider was not asked to complete the Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We spoke with health and social care professionals about their experience of how the service and supported people using the service. We used all of this information to plan our inspection.

During the inspection

We observed people within the communal spaces and the interactions between the people and the staff to obtain an understanding of people's experience. We spoke with ten members of staff including the nurse on duty, the housekeeping staff, six care staff, the deputy and registered manager. We spoke with two professionals who regularly visit the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm.
- Staff had received training in safeguarding and were able to discuss with us the actions they would take to raise any concerns.
- We saw any concerns raised had been appropriately recorded and investigated. Any lessons from these were shared with staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were now in place and risks mitigated.
- We saw risk assessments reflected all aspects of people's care needs. When people were at risk of falls measures were in place to reduce the risk by using sensory equipment or closer monitoring.
- Where people continued to fall lessons were learnt from reviewing incidents to identify the time and place, and any additional preventative measures which could be implemented.
- When people required staff assistance to move, a risk assessment was in place to consider the most appropriate equipment to use and how to safely use it to minimise the risks. Some assessments involved occupational therapy guidance and we saw this was included in the care plan details.
- Maintenance within the home was well managed, to ensure all the required checks were completed. Any required repairs were overseen by the registered manager.
- Emergency evacuation plans were completed and reviewed when people's needs had changed. This meant should people be required to be evacuated there was detailed guidance for staff or external emergency services.

Staffing and recruitment

- There were enough staff deployed and they were organised to ensure people's care needs were met.
- We saw that at the planned handover when staff shifts changed, details were shared with staff to ensure tasks and care needs were allocated. This meant people would receive the required support and staff were given appropriate direction.
- At the handover any person who required one to one support was given a staff member who knew their needs or, if the staff member was new to the person, they were provided with additional guidance.
- Staffing numbers were determined by the provider who used a dependency tool. This takes into account the number of people and their level of need. We saw the identified staffing levels were in place.
- The registered manager was currently recruiting to staff vacancies within the home. To ensure the staffing

levels were maintained prior to these appointments, they used regular agency staff to ensure consistency for the people receiving care.

- When staff had been appointed the required pre-employment checks were made to confirm their work history, whether any required work permits were in place, and a criminal record check..

Using medicines safely

- Medicines were managed safely. Staff were patient with people when administering their medicine, explaining about its importance and staying with the person until the medicine was taken.
- People were supported to receive their medicine as detailed in their prescription.
- The provider used an electronic medicine system. This had recently been introduced, some initial teething problems had occurred in relation to stock control, however the registered manager recognised this was an area they needed to monitor more closely until the system was embedded.
- As and when required medicine was available and staff knew the signs of when this should be offered to support people who were experiencing pain or anxiety.

Preventing and controlling infection

- Infection prevention and control was managed to reduce risks of cross infection.
- We were assured that the provider was admitting people safely to the service. There was an agreed approach for new admissions to ensure assessments were completed and that any required isolation periods, in line with government guidance, was completed.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had access to PPE, we discussed the use of the PPE to ensure it was task specific.
- We were assured that the provider was accessing testing for people using the service and staff. Testing was being completed in line with guidance and, when any tests indicated possible infection, appropriate action was taken to protect people and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The domestic staff were available throughout the day and had schedules to ensure all areas, including regularly touched surfaces, were cleaned.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Visitors followed an agreed process for booking, testing and using designated spaces for visits. This meant people were able to see their family and friends in a safe environment.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have systems to ensure staff had received the required training or achieved competencies for their role. This placed people at risk of harm. This was a breach of Regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (2).

- Staff received training to support their role.
- The training matrix detailed the training staff had received and enabled the registered manager to monitor staff and provide updates when required.
- Staff told us they received a combination of face to face and online training. All the staff we spoke with commented on the quality of the training.
- Regularly used agency staff were enabled to access the provider's training. One agency staff member said, "It's great to be included and share the training, it helps when working here."
- Recent training had included a hands-on experience about how it can feel to live with dementia. One staff said, "After this training, staff have a greater awareness and are more thoughtful." Another staff member said, "I now understand to slow down my speech or repeat things."
- The registered manager told us they were developing this area of training to look at the techniques which could be used to support people living with dementia and how to respond to potentially challenging aspects of people's behaviour when they occurred.
- Staff were encouraged to develop their skills. We saw one senior care was being supported to train as an associated nurse. Other staff were completing national recognised care qualifications.

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

- People were supported to maintain their hydration and nutritional needs.
- We saw people being given choices of meals and offered snacks and drinks throughout the day.
- When people requested any form of refreshment it was provided. For example, a biscuit or hot drink.
- Some people were being monitored for their level of fluid intake and the nutritional content of their chosen meals. We saw appropriate records had been kept. For example, when it was noted a person had not drunk enough during the day reminders were placed on their care records and the information shared with other staff during the handover between care teams.
- The senior care staff completed evaluations of people's meal experience. This meant there was a

continued review of this important part of people's day to make sure it was a positive experience.

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

- People were able to access different parts of the home to meet their needs.
- The home had several spaces where people could sit. Some areas had access to a television and other areas were set up as quieter spaces.
- People had individual bedrooms and were able to personalise this space with items of furniture or other things which were of importance to them.
- Bathrooms had been adapted to accommodate people's mobility needs.
- Safety measures were in place, for example locks to stairways or external doors. This meant people were safe to mobilise in the open spaces without fear of them straying into areas of high risk which could cause them harm.
- There was an accessible garden which people were able to use to enjoy the outside space.

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

- Best practice guidance was used to provide care and support which was planned and delivered to meet people needs.
- We saw 'this is me' documents had been completed for each person. This provided a life story of the person including historical events and things of importance to them. Staff told us, "These provide us with some background on the person and enable us to use the information when having conversations."
- Care plans had been developed with professionals, relatives, and representatives, to ensure all relevant details had been recorded. This meant people's individual needs were considered and incorporated into the care plans.

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

- People were supported to maintain their health and wellbeing.
- There was an established relationship with the local GP practice and the advanced nurse practitioners. There was a regular weekly ward round to review people's health needs. Adhoc calls to the GP were also provided to ensure people did not have to wait longer than necessary to be treated. This meant people's needs were responded to in a timely manner.
- All details about people's health care needs were recorded in their care plans. Specific health care plans also identified any individual health risks ; for example, people living with diabetes. Appropriate guidance staff was available for staff to follow should the person become unwell.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People were supported in accordance with the MCA.
- When decisions were required about people's care needs, and if they were unable to discuss or consent to that decision, then a capacity assessment was completed. A best interest decision was then made, which included involvement from the relevant people for that decision.
- When people were at risk of being deprived of their liberty, a DoLS referral and been made. When the local authority completed an assessment for a DoLS this was supported by the provider's staff and the person's relatives if appropriate..
- DoLS referrals and approvals were recorded in people's care plans. The registered manager monitored those to ensure they remained up to date and in line with the agreed restrictions on people which were in place.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Relationships had been developed and we saw how people trusted the staff in the way they responded to their company.
- Staff understood people's needs, for example, one person complained of being cold, staff fetched them a blanket and provided comfort.
- One family member discussed with us a concern they raised about [Name's] dignity, they told us, "I was listened to and the situation was resolved."
- We observed interactions between people and staff, these reflected the relationships which had been established. For example, knowing the day the family would be visiting and their names provided reassurance to one person who was becoming anxious.
- Other staff knew about people's preferences for meals or snacks, seating location or style of dress. All these reflected the staff understood about people's dignity and independence.

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

- We observed people were supported by staff who were kind and caring.
- Families we spoke with were positive about the staff group. One relative said, "Staff are friendly and polite, very professional." Another said, "[Name] is always clean and tidy. Staff know them well, staff are often laughing and smiling with them."
- We observed staff interacting with people. Staff took their time and spoke on the same level with people. Staff showed a real affection for people, one staff member said, "I love it here every day is different, and the people are great to be with."
- Relationships with family and representatives were encouraged. We saw when visiting had not been permitted during COVID-19 window visits or video calls were provided. One relative told us, "I call daily, but on occasions the home has called as [name] wanted to speak with us, I thought that was very thoughtful."
- Visits are now being facilitated and comments we have received from several relatives reflect the

importance of these contacts. 'It is very organised and I well managed,' 'we used the inside rooms and staff gave us privacy for our visit,' and 'Staff were on hand as [name] was unwell for our visit and this reflected their concern with [name], but still wanting to support our visit.'

- This meant people were treated with respect and their needs reflected in the care being provided.

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

- The provider gave relatives or representatives the opportunity to play an active role in planning and delivering their care, to support people with decisions and choices.
- Staff ensured people had things of importance within easy reach, for example handbags or soft toys.
- Some people related to the soft toys as reality, for example, a cat. These gave the people some comfort and a treasured memory from years past when they owned a pet. One relative told us, "The cat has provided some calm to [name], a good distraction. It was a great addition suggested by the home."
- People were presented well. One relative said, "[Name] always took pride in their appearance and they ensure their nails and hair are done." Other people were supported to continue with their daily routine which included using hair curlers and makeup. This meant people were supported to maintain their own decisions in their daily routines.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people received personalised care. We found no evidence that people had been harmed. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had choice and control within the constraints of their decision-making ability. We saw relatives and representatives were part of this process.
- Care plans contained personal information to help staff to develop the care people required. For example, preferred name or how the person preferred to start or end their day.
- When people exhibited behaviours, which could negatively impact on themselves or others, specific plans were in place to guide staff. We saw staff responding to people in accordance with these plans, this meant people received consistent care.
- Care plans had been updated following any significant event, for example a fall or change in needs. This information was shared with staff. One staff member told us, "The new allocation sheets have helped to organise us, and we get more information." This meant people would receive the right care at the right time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had complied with the AIS. There was signage around the home to help direct people to different parts of the home.
- Staff used a range of communication methods, which included picture cards, to help people when making decisions.
- Information was available if required in a selection of formats, to support any communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships. Opportunities had been made for visiting within a designated space inside the home and the use of the outside summerhouse.
- Contact with families was maintained and there was an open approach to communication when events or incidents occur within the home.
- There was an activities coordinator who provide a varied programme which considered peoples previous pastimes and developed new opportunities.
- A relative told us, "Staff engage with people, I noted during a visit, the evidence of baking, Easter hats and photographs of people enjoying the interactions." They added, "Staff encourage happy behaviour."

Improving care quality in response to complaints or concerns

- Complaints were responded to in accordance with the provider's complaints policy, recording any apologies and action taken to address the concern.
- We saw complaints were recorded and detailed responses provided. Any compliments had also been recorded and shared with staff.
- Relatives and representatives were provided with details of how to make a complaint and, within the reception area of the home, there was a notice board dedicated to information for relatives. This included the complaints policy, statement of purpose and information on safeguarding.

End of life care and support

- People received care which was respectful and considerate as they came to the end of their life.
- Staff had received training in end of life care. This provided them with the skills in how to support people as their health deteriorated.
- Care plans had considered the support a person wished to receive when this period of time was approaching. This meant staff would have the required information, for example the appropriate contacts or any special wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to maintain oversight and drive improvements. At our last inspection we saw improvements had been made to the audits and processes. However, these had not been consistently embedded. At this inspection we found the systems to be effective.
- Audits were in place. We saw how areas had been improved through this process and reviewed through a monthly clinical governance report.
- A range of audits had been used to reflect on safeguarding concerns, falls and the care home environment. We saw a daily walk round was completed by one of the management team and any areas noted for discussion or action. This meant any small issues could be addressed swiftly.
- The registered manager had introduced a senior managers meeting. These were used to reflect on working practices. We saw the last meeting reviewed the new allocation form and their effectiveness and any further improvements.
- Regular monitoring had reviewed the daily paperwork. These were checked each evening by the nursing staff and each morning by the registered manager. This ensured details were being recorded correctly and any changes could be made quickly to avoid a deterioration in someone's health. It also helped to prevent poor habits developing in how staff recorded things. These monitoring measures provide opportunities for changes and improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a relaxed friendly feel at Ashgate, we saw people and staff reflecting their relationships with friendly greetings.
- One relative told us, "The deputy is excellent, they understand the people and the needs of the families which has been really important during the COVID-19 restrictions."
- The provider had taken the opportunity, from the last two CQC inspections, to learn from the feedback and to make improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints had been addressed, and referenced duty of candour appropriately, when responding to relatives who had raised concerns.

- Relatives felt well informed. One relative told us, "I have no complaints, but I would raise things if needed and think they would respond as they let me know anything that has happened, they are very open."
- Notifications were completed, this meant we were able to monitor the service and review the actions taken following any reportable incident or event.
- The provider responded swiftly to any concerns raised, and put changes into place to develop a more positive and responsive home. This meant people were receiving a better service and had more assurance of their needs being met

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

- Staff felt supported by the new management. All the staff, we spoke with, felt supported with training, supervisions and staff meetings.
- Staff felt the management were approachable. One staff member told us, "Management are easy to talk to. The manager can be sharp, but I think that is because they want it all to be good."
- We found the home to be more organised. Great importance was placed on the handover between care teams. One staff member told us, "Every morning it's a must, you get a caution if you're late. Basically, it is because it's important to attend so you have all the current information."
- Pre Covid-19 the provider had held relative meetings to share information. During this period the provider has kept families informed of the changes by telephone. Relatives told us they felt informed and any changes in respect to visiting arrangements had been shared.
- Relatives told us they felt listened to. We saw that any concerns were addressed through formal meetings or telephone conversations.

Working in partnership with others

- Partnerships had been established with health and social care professionals.
- Both health and social care professionals we spoke with felt the service had developed in the care they now provide. One health care professionals said, "The staff are a credit to the registered manager and the deputy for their leadership, it's really improved."
- We saw how the staff had worked with a range of professionals to develop people's care plans. For example, when people required a plan for their meals.
- When required the registered manager had obtained external advice to ensure required guidance was being followed. For example, discussions with the infection control leads about measure to reduce the potential for the spread of health infections.