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Ashview Nursing Home

Inspection report

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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

The inspection took place on 23 October 2017 and was unannounced.

Ashview Nursing Home provides accommodation and care to 32 older people including those who require nursing care and/or live with dementia. There were 24 people using the service on the day of this inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

When we last inspected the service on 09 February 2017 we found that the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that people were always protected from risks and avoidable harm. Staff had not always operated safe moving and handling practices and had not always identified concerns and reported them appropriately. Following the inspection, the provider wrote to us to tell us how they would make the improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements to help ensure that staff operated safe moving and handling practices and that concerns were reported appropriately and acted upon.

People told us that they felt safe living at Ashview Nursing Home. Staff demonstrated they understood how to keep people safe and we noted that risks to people's safety and well-being were identified and managed. The home was calm throughout the inspection and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which they told us made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff and management team for being kind and caring. Staff members were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be

listened to and taken seriously.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

People told us that they felt safe living at Ashview Nursing Home.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety were assessed, managed and reviewed regularly to take account of people's changing needs and circumstances.

People, their relatives and staff told us that there were enough staff available to meet people's needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

People and their relatives told us that the care and support provided at Ashview Nursing Home was appropriate to meet people's needs.

Staff received training and support to enable them to care for people safely.

Staff understood their role in protecting people's rights in accordance with the Mental Capacity Act 2005 (MCA).

People and their relatives complimented the chef on the food provided.

People and their relatives told us that people's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People, and their relatives, told us they were happy with the staff that provided their care.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

The environment throughout the home was warm and welcoming.

Staff had developed positive and caring relationships with people they clearly knew well.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People were provided with personalised care and support that met their individual needs.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Ashview Nursing Home.

People were provided with opportunity for engagement and activity.

Concerns and complaints raised by people who used the service or their relatives were thoroughly investigated and resolved.

Is the service well-led?

Good ●

The service was well-led.

People who used the service knew the registered manager by

name and felt that they were approachable with any problems.

Staff told us that the management team was approachable and that they could talk to them at any time.

There were regular staff meetings held to enable staff to discuss any issues arising in the home.

The registered manager was constantly trying to introduce improvements at Ashview Nursing Home for the benefit of people's safety and wellbeing.

The provider had a robust quality monitoring system to enable them to continuously assess the quality of the service they provided.

People and their relatives were able to positively influence the service provided.

Ashview Nursing 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 23 October 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The most recent PIR was received in January 2017.

During the inspection we observed how staff supported people who used the service, we spoke with five people who used the service, three staff members, a representative of the provider's senior management team, the registered manager and the provider. We spoke with relatives of four people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and a visiting health professional. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service, recruitment records for three staff members and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

At the previous inspection of Ashview Nursing Home undertaken in February 2017 we had found that people had not always been protected from risks and avoidable harm. We had observed some poor moving and handling practice and had found that deterioration to a person's skin had not been noted and reported as directed which had resulted in them developing a significant wound.

Subsequent to the inspection the provider wrote to us to tell us about the actions they would take to maintain people's safety and wellbeing. This included refresher training for the staff team and observation of practice. At this inspection we saw staff members supporting people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. The staff members reassured and talked with the person all the way through the procedure.

We also observed a staff member who asked the nurse in charge of the shift to attend to a person as the staff member had a concern about a red mark on the person's skin which could have been a concern. The nurse attended immediately and subsequently advised us of the planned interventions to support the person's skin integrity. This showed us that staff were alert to changes in people's physical conditions and sought advice where needed.

People told us that they felt safe living at Ashview Nursing Home. One person told us, "I do feel safe here because it is secure, people can't just wander in and out." Another person told us how staff helped them to feel safe and reassured whilst they were being supported to move from bed to chair by means of a mechanical hoist. A relative of a person who used the service told us, "We all feel [person] is very safe here. We can go home and know [person] is well looked after." Another relative told us that they were reassured that people were safe living at Ashview Nursing Home because staff members contacted them immediately if there were any concerns.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. One staff member told us, "I would be totally confident to report anything that concerned me to [registered manager]. She doesn't stand for any nonsense, doesn't sit on anything, she investigates thoroughly." Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. One person's pain relief had been increased which had placed them at a greater risk of falling. We noted that the risk

assessment had been reviewed and amended to reflect this change to the person's needs.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. One person did not have a protective cover however, they told us that this was their choice because they found them uncomfortable and restrictive. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People, their relatives and staff all told us that there were enough staff available to meet their needs. Throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. Staff had told us that a member of the provider's training team had attended the home to provide a short training session on oral care. They told us that all care staff on duty had been requested to attend the training session leaving the nurse on duty available for all the people who used the service. The training session had exceeded the agreed short time frame which meant that people had not had their personal care needs met. The nurse told us that they had requested the training session cease as people needed support from staff. We discussed this matter with the registered manager and provider's representative and all parties agreed it was not appropriate for staff to be attending training whilst they were on duty. This was an area that required improvement.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines and found that not all stocks agreed with the records maintained. Subsequent to the inspection the registered manager advised that stocks of medicines in the home had been checked and that a recording error had been made when the most recent cycle of medicines had been booked in by an agency nurse and the carry forward totals of 'as required' medicines had not always been correctly recorded. The registered manager immediately put a procedure in place whereby only permanently recruited nurses would be responsible for booking in medicines going forward. We checked a random sample of controlled medicines and found that these tallied with records.

Staff members had received fire training and were able to explain actions to be taken in response to an emergency. The registered manager had arranged for a cupboard to be installed by the fire panel so that items needed in the event of an emergency evacuation would be close to hand for the staff. For example, a torch, the fire marshal vests, a list of people who used the service and their relatives contact details and a first aid box. This showed that the registered manager was committed to promoting the safety of the people who used the service and the staff team.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Ashview Nursing Home was appropriate to meet people's needs. One relative told us, "The care we have experienced so far is absolutely brilliant." The relative went on to describe an example of support their family member had received when they had needed to use the toilet. They said, "It was beautiful, the way it was explained and executed. [Person] is not rushed even though the staff are busy, the nurses and everybody here are lovely." The relatives went on to tell us that they had complete peace of mind with the person spending their final days at Ashview Nursing Home.

Another relative told us, "My [relative] is doing really well after coming here, it is lovely. Everyone has done an amazing job, there has been a huge improvement in [relative's] health and general condition since coming here. The staff are really lovely and take the time to care."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care and continence awareness.

The registered manager and staff confirmed that there was a programme of staff supervision in place. All staff members we spoke with told us they received support as and when they needed and that they were fully confident to approach the management team for additional support at any time. One staff member told us, "[Registered manager] listens to us. Many times she has assisted with providing personal care or helped support somebody to eat if we have been busy."

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. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful.

People told us, and our observations confirmed that staff explained to them what was happening and

obtained people's consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

At our previous inspection in February 2017 people had given us mixed feedback about the standard of food provided. In the interim period a chef who previously worked at Ashview Nursing Home had now returned and all people, relatives, staff and management we spoke with complimented them on the food they provided. A person who used the service told us, "The food is really lovely Monday to Friday but can be a bit 'hit and miss' on a weekend." A relative told us, "The food is really good, it's lovely. The weekend food is not quite as good as [weekday chef name] but then; [weekday chef] is exceptional."

People were supported to choose where they wanted to eat their meals. We noted that some people opted to eat in the communal dining room, some in the lounge area and others chose to eat in their rooms. We observed the lunchtime meal and noted that people were provided with varying levels of support to help them eat and drink. The registered manager and administrator stepped in to assist people and we heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. Dining tables were nicely laid with cloths and condiments were on some of the tables to support people to be independent.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs.

People and their relatives told us that people's day to day health needs were met in a timely way and they had access to health and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

We received feedback from a healthcare professional as part of this inspection. They told us that they had found the nursing staff and care staff to be very supportive and felt that they coped very well with the high turnover of patients, caring for people at end of their life and identifying and monitoring changes in people's health needs. The health professional told us, "Any time I have visited I have found that staff are polite, well-mannered individuals who provide high quality service within their own ability."

Is the service caring?

Our findings

People, and their relatives, told us that they were happy with the staff that provided their care. A relative told us, "The staff are very good, very pleasant and very helpful. They will do anything for you." Another relative told us, "We [family members] are very impressed with the care, the food and the environment. The staff are very pleasant people and always make us welcome with a cup of tea."

Feedback logged on a care home review website by relatives of people who used the service was positive. For example, one relative wrote, "How lucky we were that the lovely manager said she'd look after [relative], for I could not have wished for more. The staff of Ashview are all simply the best. God bless all of them."

Another relative's feedback stated, "Moving a family member into a care home is something we can't ever prepare for. I was so lucky to have such an incredibly positive experience at a very difficult time in my life. The care and support that my relative received, along with the support given to me was outstanding. The compassion shown by the nurses and staff really made a difference in what was an incredibly stressful and emotional time in my life. I had 100% trust in the care provided and felt like the team went out of their way to give such a high standard of care. Everything was done with respect and love. The last few moments I spent with my loved one in Ashview were calm and peaceful and Ashview took care of all of the final arrangements. I have the utmost respect for this nursing home, the staff and all the people involved and I am eternally grateful for the love, care and support I and my family received."

The staff team had nominated the home's administrator for a Hertfordshire care provider's association award. We were told this was because, "[Name] is very caring, everything is for the residents to improve their lives and make them happy."

The registered manager told us, "Our chef, cares very much about each resident. One day, chef heard that one person who could not eat their meal would like a steak, so he prepared a nice steak for the person and served them personally. The person was so impressed and they told everyone about this experience." The registered manager also told us, "Our team is always there to support the relatives, everyone is friendly and helpful at any time. The team continue keeping contact with past relatives and they invite them for the events." This showed that the registered manager's caring ethos permeated throughout the staff team.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported. We saw staff promoting people's dignity and privacy by knocking on people's doors and waiting before entering in their rooms. Throughout the day we noted there was good communication between staff and the people who used the service and that staff offered people choices. For example we noted a staff member offering a person a cup of tea, they refused this so the staff member offered other alternatives until the person chose what they wanted.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

However, the carpet in the communal lounge area was malodorous which did not serve to promote people's dignity especially when receiving visitors. At our previous inspection in February 2017 we were advised that measurements had been taken with a view to replacing this flooring however, this remained work in progress at this time. The registered manager and regional operations manager both confirmed that there were plans to replace this flooring and the provider confirmed to us that the intended completion date was 31 December 2017.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, getting people warm drinks or helping them with their slippers.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, we heard staff ask people if they wish to wear clothing protectors at lunchtime, and accepting if people declined to do so.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was not locked when we arrived at the home in the morning and on occasions during the course of the day. The registered manager confirmed that this was an area they reviewed on their regular 'walk-around' checks of the home because they were committed to ensuring that people's personal and private information was held securely.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to accurately reflect people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives. The provider's representative advised that further work was planned to ensure that where people's relatives were involved in making decisions about people's care they had the appropriate authority to do so.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People told us that their daily routines were arranged around their wishes and needs. For example, one person liked to have a daily bath. We noted that their care plan clearly stated this and the daily records confirmed that the person did have a daily bath. Throughout the inspection we observed several examples of staff being proactive in assisting people and responding to their needs in a way that confirmed they knew people very well.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, for one person English was not their first language, care records showed that the person's use of English was declining as their dementia needs increased. The registered manager told us that picture books had been secured to assist staff in communicating with the person.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Ashview Nursing Home. We saw that people were encouraged to have their say about many aspects of life at the home including the activities, the food and their general wellbeing.

The registered manager had recently recruited a new member of staff to provide activities and opportunities for stimulation for people. The staff member was on leave on the day of this inspection so we were not able to observe people enjoying activities. However, people who used the service and staff told us that the person worked with individuals and their relatives trying to find out about people's specific wants and needs. Records showed that the staff member had joined the local library to access books for people who chose to remain in their rooms. They had also worked with people to make bracelets and cakes for charity, introduced 'gentle movement' sessions, played cards and dominoes with people, read newspapers for people and joined in with knitting and general chats. The registered manager told us the staff member had come into the home on their day off specifically to accompany a person to church.

The registered manager told us that some of the care staff members helped with activities in their off time

and they brought their children in with them. The registered manager said this provided a warm atmosphere with people laughing and playing together with the staff and children. A person who used the service told us, "The activity person is the best one we have had for years." A staff member also told us that the activity person was the best the home had ever had. We discussed with the registered manager that it would be beneficial for people who used the service to have a staff member to cover for when the activity staff was on leave.

Concerns and complaints raised by people who used the service or their relatives were thoroughly investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. A relative said, "I have never had to make a complaint but would be totally confident to raise anything with [registered manager] if needed."

Is the service well-led?

Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One person told us, "The manager is marvellous. It is her attitude and general care. She pulls up her sleeves and mucks in when needed." A relative told us, "[Registered manager] is very good, very helpful and accommodating."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner. The registered manager told us they were proud of the staff team and said, "Currently this is the best team I have ever had at Ashview, very good team."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. A staff member told us, "The home is much more organised now and we work as a team. The [registered] manager is very good, listens to us and supports us." Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

The registered manager was constantly trying to introduce improvements at Ashview Nursing Home for the benefit of people's safety and wellbeing. One example was where a poorly positioned and rarely used toilet facility had been developed into a kitchenette for staff and visitors to be able to make themselves a hot drink. The provider informed us that this also served to promote infection control within the home because it limited the amount that staff members accessed the kitchen.

The registered manager had encouraged development of the staff team by designating named staff members as champions in areas such as continence, dignity, infection control, dementia, documentation and communication and support engagement. The registered manager reported that champions undertook additional training and cascaded knowledge through the staff team as well as working with individual staff members to improve practice in these areas.

There were meetings held monthly between the registered manager and the provider's head of operations to discuss such issues as recruitment, the performance of the service and any matters arising. The head of operations was new in post and shared their plans to support provider oversight and good governance as well as supporting positive outcomes for people who used the service. They told us that a quality monitoring visit would be undertaken alternating months with the resulting improvement action plan being reviewed the following month with any actions not completed to be moved to the continuous improvement plan for onward resolution and monitoring. This showed that the provider's senior management team was committed to continuous improvement for the benefit of people who used the service.

The service had a Continuous Improvement Plan (CIP) which was regularly reviewed by the registered

manager to ensure it captured all issues identified in the home satisfactorily and in a timely manner. The CIP included any issues identified through such avenues as the provider's quality assurance systems, local authority quality monitoring visits and stakeholder feedback.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. For example, the report of the findings from the survey undertaken in August 2017 noted that some people who used the service were not entirely satisfied with the activity provision. As a result of this feedback we saw that improvements had been made in this area which showed us that people and their relatives were able to positively influence the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.