

Mrs Anjani P Patel & Mr P Patel

Ashview Nursing Home

Inspection report

Ware Road,
Widford
Herts

SG12 8RQ

Tel: 01279 842458

Website: www.westgatehealthcare.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 12 August 2015 and was unannounced.

Ashview Nursing Home provides accommodation and care to 32 older people including those who require nursing care and may live with dementia. There were 24 people accommodated at the home at the time of this inspection.

We last inspected the service on 10 December 2013 and found the service was meeting the required standards at that time.

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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to 10 people who lived at Ashview Nursing Home.

People felt safe living at Ashview Nursing Home. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner. The manager operated robust recruitment processes which helped to ensure that staff members employed to support people were fit to do so. Arrangements for the storage, management and disposal of people's medicines required some improvement to ensure they were safe.

Staff had the skills and knowledge skills necessary to provide people with safe and effective care and support. Staff received regular support from management which made them feel supported and valued. People were supported to make their own decisions as much as

possible. People received support to eat and drink sufficient quantities. People's health needs were well catered for because appropriate referrals were made to health professionals when needed.

People were complimentary about the care and kindness demonstrated by the staff team. Staff were knowledgeable about individual's needs and preferences and people were involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day and people's privacy and dignity was promoted.

The manager had arrangements 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 satisfied that they would be listened to.

There was an open culture in the home and relatives and staff were comfortable to speak with the 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Improvements were required to the storage and management of people's medicines to ensure they were managed safely.

People were supported by staff who had been safely recruited.

Staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

Requires Improvement



Is the service effective?

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good



Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

Good



Is the service responsive?

The service was responsive.

People were supported to engage in a range of activities.

People were supported to be involved in decisions about their care as much as possible.

People's concerns were taken seriously and acted upon.

Good



Is the service well-led?

People had confidence in staff and the management team.

Good



Summary of findings

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

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 met 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 under the Care Act 2014.

This inspection took place on 12 August 2015 by one inspector and was unannounced.

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 by law.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, four staff members and the management team. During the inspection we spoke with two relatives to obtain their feedback on how people were supported to live their lives and subsequent to the inspection we spoke with four further relatives by phone. We received feedback from representatives of the local authority health and community services and 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 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

People who used the service told us they felt safe at Ashview Nursing Home. Relatives said that it gave them peace of mind knowing that their relative was safe and cared for.

We spoke with staff about protecting people who lived at the service from abuse. All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. Training records confirmed that permanent staff members had received refresher training in this area and a member of bank staff was able to confirm that they had up to date knowledge about safeguarding matters. We saw that there was a competency questionnaire for staff to complete to confirm they had knowledge and understanding to recognise abuse and awareness of how to report any concerns. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

We found that risks to people's health and well-being had been identified and management plans were available in the care records. We saw risk assessments were thorough and areas assessed included falls, moving and handling, ability to use call bells, pressure area care, and nutrition. For example, we noted that a risk of falling had been reviewed for one person. The assessment identified that the person liked to walk and stretch their legs. The advice for staff to support the person to keep safe included ensuring that the person wore good fitting footwear and that furniture in their room was arranged so as to avoid trip hazards. The risk management plans were routinely reviewed which ensured the management strategies continued to effectively reduce or minimise the risks.

A person who used the service said, "There are plenty of staff about, they are so busy that I have to wait sometimes but never long though." Relatives of people who used the service gave us mixed views about the availability of staff. One person said, "I feel that they are sometimes understaffed, they don't get the time to sit and provide companionship for people. They are always rushing around to provide care, give medicines or food." Another relative told us, "There always seem to be plenty of staff about and there is always a nurse available if you need to speak with

one." During the course of the inspection we noted that call bells were responded to in a timely manner and that people's needs were met. We noted that the atmosphere throughout the home was calm.

The manager reported that agency staff usage was quite high at this time due to three staff members leaving this month. However, they were able to confirm that the same agency staff members were provided as often as possible so that people received consistency of care. Staff told us, "We need more full-time carers, people say they like to have permanent staff, they like to see the same faces every day." The manager and provider were able to demonstrate that they were actively working to recruit and that the HR department was supporting the manager with advertising for new staff.

We reviewed recruitment records for two staff members and found that safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed. Staff we spoke with confirmed that they had to wait until the manager had received a copy of their criminal record check before they were able to start work at the home. This helped to ensure that staff members employed to support people were fit to do so.

We reviewed the arrangements for the storage, management and disposal of people's medicines. Nursing staff administered medicines for people who used the service, they told us they had received the relevant training and records confirmed this. Each person had a medicine administration record (MAR) in their name with associated photograph to ensure staff could identify that person correctly prior to administering their medicines. However, inconsistency of recording of medicines prescribed as a variable dose meant that it was not always possible to be sure when people had received one or two tablets.

If medicines are not stored properly they may not work in the way they were intended, and so could pose a potential risk to the health and wellbeing of the person receiving the medicine. We noted that fridge and room temperatures were maintained to monitor the temperatures at which medicines were stored. The service policy stated that the normal range for temperatures should be below 25° however, we saw that there were four occasions in 12 days where the room temperature exceeded 25°. The temperature of the room at the time that medicines were

Is the service safe?

checked during the inspection was 27°. We brought this to the attention of the management team who confirmed they would take immediate action monitor this and address the concern.

We observed a nurse encourage people with their medicines, going at their pace and without rushing them. We saw that people who were prescribed pain relief when

needed were asked if they were experiencing pain and if they wished to have their medicine. We noted that the care plan for a person who could not communicate included information about how they may demonstrate that they experienced pain. This helped to ensure that people received their medicines safely and when they needed them.

Is the service effective?

Our findings

People who used the service told us they thought the staff carried out their roles well. One person said, "The staff are lovely, they really know what they are doing." Relatives of people who used the service told us that they felt the staff understood people's needs well and had the skills necessary to care for people. One person said, "The care staff do really well in supporting [relative]." Another person told us, "The staff appear to be skilled; they seem to know what they are doing." Representatives from the local authority social working team told us that people who used the service received effective care to meet their needs. One person told us, "The staff team are knowledgeable about people's needs and what they need to do to support people."

People were looked after by staff who had the knowledge and skills necessary to provide safe and effective care and support. Staff told us that they received the training they needed to support them in their roles which we confirmed during our inspection. We saw that staff completed competency questionnaires which explored their understanding of such areas as safeguarding, deprivation of liberty safeguards, infection control, whistleblowing procedures and mental capacity.

New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice. We found that all staff members received regular supervision from a line manager and staff told us they were able to discuss any aspect of their role and any training requirements which made them feel supported and valued.

Staff communicated with people and gained their consent prior to support being provided and gave people time to respond and express their wishes. Staff told us that they always asked people's consent to personal care. We noted from records that 50% of the staff team had received training about the MCA 2005 and DoLs and the manager's improvement plan for the home indicated that the remainder of the staff team were targeted with completing this training by the end of September 2015.

Arrangements were in place to assess if people had the capacity to make decisions about their care. We found that

the assessments were not decision specific and reflected blanket judgements that people either did, or did not have capacity to make decisions. We discussed this with the management team who acknowledged that this needs to be reviewed to explore different areas of people's lives where their capacity may fluctuate. For example, people may have the ability to choose what to wear or what to eat but not be able to manage their finances independently.

The 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 were 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. At the time of the inspection we found that ten applications had been made to the local authority in relation to people who lived at Ashview Nursing Home and that seven were pending an outcome.

Where people had been assessed as being at risk of poor nutrition and hydration external professionals such as dietitians and GPs had been involved and supplements were prescribed. The chef told us that they increased the calorific value of people's foods by introducing protein shakes and adding cream and butter where appropriate. Food and fluid charts were completed to indicate how much people had consumed.

During the lunch service we saw that five people took their meal in the lounge with the support of two staff members. Two of these people had been assessed as being at risk of poor nutrition and needed considerable encouragement to eat their food and all five people required assistance to eat. This meant that people's food was cold by the time they came to eat it. We discussed this with the management team who agreed that it may be appropriate to stagger the lunch service so that people received the support they needed to eat their food whilst it was still warm. This was implemented with immediate effect.

People's health needs were well catered for. We saw that chiropodists, dentists and opticians visited the home when people needed them and people had easy access to their GP. Relatives told us that they were satisfied with the health care people received. We noted that referrals had been made to external health care agencies.

Is the service caring?

Our findings

People who used the service and their relatives told us that the staff team were kind and caring. One person said, "The carers are wonderful and the manager is great. I have been here a year, this is a good home." A relative told us, "The staff are kind and caring, they are nice people." Another person said, "The staff are always kind with people, I have never seen anyone lose their patience."

We observed some good examples of caring interaction between staff and the people who used the service. For example we saw a staff member discreetly ask a person if they would like support to cut their food up as they had a left-sided weakness. We also observed during the lunchtime meal that staff offered people clothes protectors and gave help to put these on where needed.

Staff were knowledgeable about people's individual needs and preferences in relation to their care and we saw that people were involved in discussions about their care. We noted that staff gave people enough time to respond and then acted upon the choices people made. Throughout the course of the inspection we heard staff provide people with choices about what they wanted to eat and drink, where they wished to sit in the dining room and lounge areas and what they wanted to do with their day.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. We saw

from the communications log that information was regularly passed to and from relatives to ensure they were kept up to date with events surrounding people. A relative told us, "They always let us know what is going on."

People told us that staff knocked on doors before entering their bedrooms, and we saw staff knock on doors and allow people time to respond before they entered. When people required support with using the toilet or personal care needs, they were supported discreetly which ensured they received support in private and with their dignity intact. We noted that some issues relating to dignity had been identified at a recent quality assurance visit undertaken by the provider's representative. These related to such matters as continence products on display throughout the home and notices in people's rooms that referred to their care and support needs. As a result we saw from the manager's improvement plan for the home that a staff member had been nominated as a dignity champion to drive forward improvement in this area.

People had access to information about advocacy services should they need additional support to make decisions about any aspects of their lives. The manager told us of one person who had no family support to help make decisions and had received the necessary support from an external advocate.

We saw that people's personal and private information was stored securely and kept confidential. The room was secured by means of a keypad lock which meant that staff could access any information they required to provide safe support for people.

Is the service responsive?

Our findings

Relatives told us that they thought there was plenty of activity and stimulation provided for people who used the service. One person told us, "They do some activities like planting vegetables and flower arranging." Another person said, "If it is a nice day people are able to go out and enjoy the lovely garden."

During the course of our inspection we heard a person ask to have some music on and staff obliged, we saw that another person was given an adult colouring book to look through and a further person was given a well-worn Teddy which clearly gave them some comfort as they chatted away to it. A staff member told us that there were many activities undertaken in the home such as ball games, puzzles and craft work. They also told us that a lot of the activity provision was one-to-one because many of the people didn't have the attention span to concentrate on longer activities. They said this was particularly the case today as the hairdresser was in the home and there was so much disruption with people having their hair done.

The manager told us of events that took place at the home such as a barbecue that took place recently for people who used the service, their relatives and staff members. Relatives told us of a vegetable garden where people were involved in the planting and harvesting of vegetables. They told us that the chef then used the home grown produce in the kitchen so that people were able to enjoy the fruits of their labours.

Care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. People told us they had been involved with planning their care and where people lacked the capacity to contribute to their plan of care we saw that family members had been involved on their behalf. We observed interactions by staff with people who used the service and found that the interventions described in the care plans were put into practice by staff. We saw that staff responded to people in an individualised manner and it was clear when we asked the staff that they knew what the people's needs were.

People told us they would be confident to raise anything that concerned them with staff or management team. One person said, "I would be very confident to raise any concerns, they are approachable." Another person told us, "If I have complained about anything they have always dealt with it. For example, some of [relative's] furniture was broken, we raised it with the management and they dealt with it." Information about the provider's complaints procedure was available in communal areas of the home. We saw records of three written complaints that had been managed appropriately in accordance with the provider's policies and procedures.

Is the service well-led?

Our findings

People who used the service, their relatives and staff members told us they thought that the home was well-led. They told us that the home manager was approachable, supportive and demonstrated strong and visible leadership.

Staff told us that many positive changes had taken place since the new manager came into post. These included the redecoration of communal areas and some people's personal rooms and that staff morale had improved. A staff member told us, "The manager is hands-on, not a behind the desk person." They told us that there was much more support for staff and that the food has improved. Staff told us that they would be comfortable to take any concerns to the management or the provider should this become necessary.

The provider had a range of systems in place to assess the quality of the service provided in the home. These included regular quality monitoring visits undertaken by members of the provider's senior management team. We found that the provider's quality monitoring systems were effective in identifying areas that required improvement. For example, it had been identified during a visit in July 2015 by the provider's newly recruited Operations Manager that records for people's intake of food and fluids had not been kept up to date. We reviewed these records and found that they were all up to date. This showed that actions had been taken as a result of the quality monitoring visit.

The manager undertook a wide range of audits, checks and observations designed to assess the performance all aspects of the service delivery. These included areas such as medicines, health and safety, the environment, accidents and incidents and infection control. Information

about the outcomes of these checks, together with any areas for improvement identified, was reported to the provider each month. We saw that the manager had a comprehensive service improvement plan in place that addressed areas such as environment, staff recruitment, staff training and health and safety. The plan had dates for action and was kept under review as part of the provider's quality monitoring process.

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 manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

There were arrangements in place to support people and their relatives to share their views and talk about any improvements they would like. At a meeting for people who used the service that was held in June 2015 we noted that an 'employee of the month' initiative had been discussed and that some people had said they would like to be involved by nominating staff for this award each month. We also noted that people had enjoyed 'national fish and chip day' and had said that it brought back lovely memories for people. We saw from minutes of relative's meetings that topics discussed included care plans, the changes taking place in the home and trips and events that were being planned and had been booked.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. They told us of a staff survey that was distributed to all staff and that the survey had included questions about their role and how to improve the experience for people who used the service. Staff told us, and records we looked at confirmed, that staff meetings were held. The provider had a clear leadership structure that staff understood.