

# Ideal Carehomes (Number One) Limited

## Ashworth Grange

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 13 and 17 June 2018 and was unannounced. At the last inspection on 21, 26 and 27 September 2017 we asked the provider to take action to make improvements around person centred care, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, meeting nutritional and hydration needs, good governance and staffing. The home was rated inadequate and placed in special measures. CQC took enforcement action.

Following the last inspection, we met with the registered provider and asked them to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. At this inspection we checked to see whether improvements had been made and found improvements had been made in all areas, although the registered provider was still not meeting two of the regulatory requirements.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Ashworth Grange 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.

Ashworth Grange is registered to accommodate up to 64 people. The service provides care for people with residential needs as well as those living with dementia. The home is divided into four units over two floors connected by a lift. At the time of our inspection 45 people were using the service including one person who was currently in hospital. One unit for people living with dementia remained closed following our last inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Emergency procedures were not robust to protect people in the event of the need to evacuate the building. Two night staff members did not know the correct procedure to follow in the event of a fire and had not received fire drills in line with the registered provider's policy. These staff were uncertain how many people were living in the home on the day of our inspection. This was a continuing concern from our last inspection and was a breach of regulation 12, safe care and treatment.

Most risk assessments were individual to people's needs and minimised risk whilst promoting people's independence, although some lacked detail. Behavioural support plans did not always contain sufficient detail to investigate the causes of behaviour that may challenge others and to support staff to prevent and manage behaviour effectively. Consistent records of behavioural incidents were not always kept.

We found the systems for managing people's medicines had improved and issues from our last inspection had been addressed. Competency checks on the administration of medicines were up to date. People received their medicines safely.

Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse. Safe recruitment and selection processes were in place.

The required number of staff was provided to meet people's assessed needs and provide a good level of interaction.

Incidents and accidents were analysed to prevent future risks to people and learning from incidents was evident.

Staff told us they felt very well supported and they received regular supervision, training and appraisal to meet their development needs. Staff had received an induction and role specific training, which ensured they had the knowledge and skills to support the people who lived at the home. The registered manager was planning to improve the recording of initial induction to the home environment for new staff.

People told us they enjoyed their meals and meals were planned around their tastes and preferences. People were supported to eat a balanced diet and action was taken where people's nutritional intake had declined.

People were supported to maintain good health and had access to healthcare professionals and services. Community professionals told us the service had improved and was working in partnership with them to improve outcomes for people. The service was adapted to meet people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. New electronic recording systems meant signatures had not been recorded on best interest decisions and the registered manager planned to address this straight away using paper signature records for important decisions and consent.

Positive relationships between staff and people who lived at Ashworth Grange were evident. Staff were caring and supported people in a way that maintained their dignity, privacy and diverse needs.

People were involved in arranging their support and staff facilitated this on a daily basis. People were supported to be as independent as possible throughout their daily lives.

The management team promoted an open and inclusive culture whereby people were encouraged to express their diverse needs and preferences.

Most care records contained detailed information about how to support people, however some records were inconsistent. People engaged in social and leisure activities which were more person-centred.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time and people told us staff were approachable.

Improvements had been made to the system of governance and audits within the service. There were some issues that had not been picked up by this system. This showed that whilst improvement had been made since the last inspection, some issues relating to governance remained.

People told us the service was well-led. The registered manager was visible in the home and knew people's needs.

The registered provider had increased resources and senior management input to the home. This had proved effective in driving improvements to the quality and safety of the service provided.

Feedback from staff was positive about the registered manager. Everyone at the home knew their roles and welcomed feedback on how to improve the service. People who used the service and their representatives were asked for their views about the service and they were acted on.

We found continuing breaches in Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Not all staff were aware of the correct procedure in the event of a fire.

Risk assessments were in place; however, some risk assessments were not robust.

Medicines were managed in a safe way for people.

Staff had a good understanding of safeguarding people from abuse.

Sufficient staff were deployed to meet peoples assessed needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received training and supervision to enable them to provide support to people who lived at Ashworth Grange.

People were supported to eat a balanced diet and had access to external health care professionals.

People's mental capacity was considered when decisions needed to be made.

**Good** ●

### Is the service caring?

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

**Good** ●

### **Is the service responsive?**

The service was not always responsive.

Most people's care plans contained sufficient and relevant information to provide person centred care and support, although there was some inconsistent information.

People had access to activities in line with their tastes and interests.

People told us they knew how to complain and told us staff were always approachable.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The system of governance had not identified and addressed the continuing concern we found regarding inconsistent care plans and emergency procedures.

People and staff were positive about the registered manager, who was visible within the service.

The registered provider had invested in improving the service and made improvements in almost all areas of quality and safety.

The culture was positive, person centred, open and inclusive.

**Requires Improvement** ●

# Ashworth Grange

## 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 checked 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 13 and 17 June 2018 and was unannounced. The inspection was conducted by two adult social care inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience was with older people.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. Prior to this inspection we received concerns that improvements had not been made at the service since our last inspection in relation to the governance of the service and keeping people safe. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people who used the service used nonverbal, as well as verbal communication methods. As we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time observing the support people received. We 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 spoke with ten people who used the service and five of their relatives. We spoke with five care assistants, two senior care assistants, two night senior care assistants, four night care assistants, one kitchen manager, an activity assistant, two deputy managers, one care manager, the registered manager, the regional director and the quality manager. We looked around the building including some people's bedrooms with their permission. During the inspection we also spoke with two community professionals.

During our inspection we spent time looking at four people's care and support records in depth as well as

eight others for specific areas of information. We also looked at four records relating to staff supervision and training, three recruitment records, incident records, maintenance records and a selection of audits.



# Is the service safe?

## Our findings

People we spoke with told us they felt safe at Ashworth Grange. One person said, "I would talk to the carers if I was worried. I feel safe." A second person said, "I'm as safe as I can be." A third person said, "I am very safe." A fourth person said, "I have no kind of problem. Staff would come quickly if I rang the buzzer." A fifth person said, "Oh yes I'm safe. When I use the bell times vary. At meal times they are busy serving. I call before meal times, then it's done with." A sixth person said, "When I press the buzzer in bed I have to wait ages."

One relative said, "[My relation] is safe. Staff are good with them." A second relative said, "I feel [my relation] is safe. [My relative] goes with carers to the garden outside."

At our last inspection the registered provider was not meeting the regulations relating to safe care and treatment, because effective emergency procedures were not in place. At this inspection we found some improvements had been made; however, there were inconsistencies in staff's knowledge about how to deal with a fire and night staff had not always been offered the same opportunities to complete fire drills. Two night staff members on the first day of our inspection told us the incorrect procedure and did not know the number of people living in the home

This showed the home did not have robust plans in place in the event of an emergency situation and this concern had not been effectively addressed since our last inspection.

This was a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager completed two fire drills with night staff before the second day of our inspection to ensure staff were aware of the correct procedure to follow.

Most staff we spoke with knew the procedure to follow in the event of the need to evacuate the building. People had an individual personal emergency evacuation plan (PEEP) in their care records and also located in a red folder in the office by the exit door to the home. PEEPs are a record of how each person should be supported if the building needs to be evacuated.

At our last inspection the registered provider was not meeting the regulations related to managing risk because the information in moving and handling risk assessments was not always completed in full and conflicted with what some staff told us. At this inspection we found some improvements had been made, although we found the level of detail in the risk assessments was not consistent in all the records checked. For example, one person's risk assessment provided relevant information to staff about the support needed to move this person in and out of the bed and what method should be used. A second person's fall's risk assessment was a tick list with no details about the impact, likelihood or measures taken to prevent falls.

One person was known to display behaviours that may challenge others, but there was no behaviour risk

assessment in place. The risks associated with the behaviour had been recorded in the maintaining a safe environment risk care plan. This meant sufficient information was not always easily available to staff to prevent and manage risk. We found some evidence to show the potential causes of the behaviour had been explored, however this was not robustly recorded and reviewed to check if the measures taken were effective in reducing behaviour. For example; pain relief had been prescribed by the GP, which the staff said had no effect on behaviour. We found staff were aware of how to support the person when they experienced behaviour that challenged others. Behavioural incidents were not always recorded on behavioural incident charts (ABC charts) to ensure they could be analysed with a view to reducing future risks.

This showed the service did not always have effective systems in place to manage and reduce risks.

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

Following our inspection the registered manager completed a more detailed behavioural management plan and risk assessment to better reflect the person's needs and provide clear direction for staff. They told us how they had explored the causes of the behaviour with professionals and continued to look into ways to prevent incidents.

At our last inspection we found the registered provider was not meeting the regulations related to safe care and treatment because there was conflicting information about the correct settings for people's pressure mattresses, which are used to minimise the risk of pressure damage to people's skin. At this inspection we found improvements had been made and the pressure settings we checked were in line with the care plan and staff were aware of where this information was located.

Risk assessments were in place in areas such as finances, medication, falls, choking, maintaining a safe environment and additional person specific assessments, for example; for specific health conditions. Staff said they read people's care records and senior staff shared information at handover meetings, so they had enough information to enable them to care for people safely. This showed the registered provider had some systems in place to reduce risks to people, although some records needed to be improved.

One staff member said, "There is normally enough staff. Domestic help with breakfast." One community professional said, "There are a lot more staff now."

At our last inspection the service was not meeting the regulations relating to staffing because call bells were not responded to in a timely manner and sufficient suitable qualified and experienced staff were not deployed to meet people's needs effectively. At this inspection we observed there were appropriate staffing levels on the days of our inspection which meant people received sufficient support.

The registered manager told us staffing was allocated according to a dependency tool. Whilst the number of staff on duty had remained the same since our last inspection, one unit remained closed, which meant the same number of staff were supporting fewer people.

The regional manager told us the registered provider had increased the number of senior care workers on duty since our last inspection to ensure sufficient staff were available to meet people's needs and they planned to maintain increased staffing levels going forward, if the fourth unit was reopened.

The provider would deploy an additional two care staff and one dedicated senior staff member to meet people's needs, meaning minimum staffing during the day would be 12 care and senior care staff, including

the deputy manager and the care manager. They also told us six night staff would be on duty if the home was at full occupancy.

We found agency staff use had decreased, although there were agency staff working on both the night shifts when we inspected, alongside more long standing staff members. Two senior staff were usually deployed on each night shift and three care staff, which increased consistency for people.

We reviewed the call bell monitoring system for the service and found improvements had been made in response times, the responses were being monitored and the deputy manager told us any concerns had been followed up. The registered manager told us they would ensure action taken in response to the small number of longer call bell response times at night was recorded by senior staff to evidence action had been taken.

At our last inspection we found the management of medicines had not been consistently safe and audits had not picked up the issues to drive the necessary improvements. At this inspection we found improvements had been made.

Medicines were managed only by senior staff who had been trained and assessed as competent to administer medicines.

The service had a system in place to ensure medicines were ordered and supplied in time to be available when the person needed them. We saw the amounts supplied had been recorded on the medication administration records (MAR) and the count of any remaining tablets was brought forward when appropriate. The MAR had been printed by the dispensing pharmacy and included known allergies, the person's name, date of birth and GP details.

We observed the administration of medicines and found they were administered in line with good practice guidelines. We checked the count and MARs for eight medicines and they matched the expected count. Medicines were audited monthly by a senior staff member and any issues found had been addressed. The above demonstrated the home had good medicines governance systems in place.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. This meant people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

We found the application of one topical pain patch was not always rotated in line with the manufacturer's instruction. Following our inspection, the care manager told us this was now being rotated as instructed. They said some people would pull the patch off if it was placed within sight due to lacking capacity to manage medicines, and so it had only been rotated out of sight of the person to avoid this, however they found the person no longer pulled it off when it was rotated as instructed. The deputy manager was not aware of the manufacturer's instructions and this was addressed following our inspection.

We found staff had not returned to offer prescribed medication to one person in line with the registered provider's policy, when they had found them asleep on two occasions in the previous week. The deputy manager we spoke with told us they would address this with staff.

Covert administration is the term used when medicines are administered in a disguised format, without the knowledge or consent of the person receiving them. Administering medicines in food or drink can

significantly alter their therapeutic properties and effects so that they become unsuitable or ineffective. Pharmacist advice is always necessary.

At our last inspection we had concerns about the covert medicines procedures for one person. At this inspection we found advice had been sought from the pharmacy, who advised which medications could be crushed and given with food and which needed to be in liquid form. The GP had reviewed medicines to ensure that only those really needed were prescribed and an appropriate mental capacity assessment and best interest decision was completed.

At our last inspection we found there were some inconsistencies in the recording of topical creams being applied. At this inspection we found there were still some inconsistencies, which the registered manager was addressing with staff, regarding recording the application of none medicated creams on the electronic system. Medicated creams were administered by senior staff and recorded on MARs.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. Checks had been completed on fire safety equipment, emergency lights and the fire alarm and action taken to rectify any issues. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Staff were aware of any escalating concerns and took appropriate action. The incident records showed the event was subject to senior staff review with any lessons learned translated into care plans. Not all behavioural charts had been completed for one person to identify and address patterns of behaviour.

The registered provider had an overview of incidents and accidents which meant they were keeping an overview of the safety of the service, although they had not picked up the gaps in behavioural records.

At our last inspection we found the registered provider was not meeting the regulations related to protecting people from abuse because some incidents had not been reported to safeguarding to ensure people were protected from harm. At this inspection we found improvements had been made and records showed safeguarding incidents had been dealt with appropriately when they arose and measures were put in place to ensure people were kept safe. Safeguarding authorities and the Care Quality Commission (CQC) had been notified. This showed the registered provider was aware of their responsibility in relation to safeguarding the people they cared for. We found one safeguarding allegation that had not been notified to CQC, however this had been resolved through the local authority safeguarding process. The registered manager accepted they had omitted to notify us on this occasion and told us they would ensure they did this in the future.

Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. We saw information around the home about reporting abuse and whistleblowing.

We reviewed recruitment records for three staff who had been recruited since our last inspection. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed recruitment systems were robust.

The home and equipment we saw was visually clean and smelt pleasant and fresh. Staff had access to

personal protective equipment (PPE) and discussed when they used gloves and aprons and when they washed their hands to prevent infection. This helped protect people from infections that could affect both staff and people using the service. We saw two staff members supporting one person to move up the bed using a slide sheet that belonged to another person. The registered manager told us the slide sheets were the same size and make for all people using the service. They said each person had their own slide sheet allocated for infection control purposes and the slide sheet used would have been clean. They said they would address this with the relevant staff.

## Is the service effective?

### Our findings

One relative said, "Staff know what they are doing."

One community professional said, "I think Ashworth Grange 'gets' dementia."

At our last inspection on 21, 26 and 27 September 2017 we found the registered provider was not meeting the regulation related to staff training and supervision. The registered provider sent us an action plan outlining the improvements they would make. At this inspection we found improvements had been made.

Staff told us they completed initial induction training for two weeks and then shadowed a more experienced staff member for around three shifts, before they were counted in the staffing numbers. The registered manager was not able to show us evidence that new staff had completed an initial introduction to the building during their induction, although there were records of this for agency staff. They said they would ensure this part of the induction process was recorded for all new staff in the future.

Staff new to care completed an induction based on the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills and knowledge to ensure they provide high quality care and support. Induction records showed staff completed training including fire safety, manual handling, first aid, infection prevention and control, nutrition and hydration, mental capacity and DoLS, equality and diversity and safeguarding adults. This demonstrated new employees were supported in their role.

We looked at the training records for four staff members and saw they had completed further training in areas such as dementia awareness, mental health, epilepsy and challenging behaviour. We saw from the training matrix training was up to date. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and had regular supervision, an annual appraisal and regular staff meetings. Supervision and appraisal are used to develop and motivate staff, review their practice or behaviours, and focus on professional development. This showed staff were receiving regular management supervision to monitor their performance and development needs.

At our last inspection on September 2017 we found the registered provider was not meeting the regulation related to consent, because decision specific mental capacity assessments were not in place and records did not show who had the legal authority to consent on behalf of a person, for example if a representative held a registered power of attorney. The registered provider sent us an action plan outlining the improvements they would make. At this inspection we found improvements had been made.

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. Twenty two people were subject to DoLS authorisations, some of which had conditions attached, and ten people were awaiting authorisation.

It was clear from observations people's autonomy and choices were promoted. Staff we spoke with understood the MCA and DoLS and how people could often continue to make simple, everyday decisions even when they lacked the capacity to make complex decisions. One staff member said, "I have just had advanced MCA training – this was really good. We assume they have capacity; we continue to give choices, just because they may not have capacity doesn't mean they can't choose meals or clothes etc. It was very interesting training, really good.'

We found there was evidence of good practice in the assessment of mental capacity for important decisions, such as coming to live at the service, finance, administration of medicines, medical interventions and use of bedrails and room sensors.

We checked to see if people's consent was being sought in line with legislation and guidance. We found the new electronic system used by the provider to create and store care plans and mental capacity assessments did not currently enable people to sign the documents to demonstrate consent. The registered provider said they would look into the technology required to record electronic signatures on care records. The registered manager planned to address this in the meantime using paper signature records for important decisions and consent. They also said the electronic system could allow secure direct access by people or their representatives in the future.

People told us they enjoyed their meals. One person said, "I had the pasta bake. Thought I would be daring. It's nice." During the inspection we saw people being supported to have their lunch and snacks were offered during the day. Pictorial menus were on display with a choice of two meals and two desserts. We heard staff offering people a choice of meal and drink and we saw they received the meal and drink of their choosing. Staff were attentive throughout the meal, provided timely support and no one was rushed. Staff told us housekeeping staff worked additional hours at meal times to help with meal service.

At our last inspection on 21, 26 and 27 September 2017 we found the registered provider was not meeting the regulation related meeting nutritional and hydration needs because staff did not always follow guidance about the support people required. At this inspection we found improvements had been made.

Professional guidance was included in people's care plans and we saw people received their meals and drinks in line with this. Staff monitored people's dietary intake to ensure their dietary needs were met, although the quantity of food consumed was not recorded. The registered manager said they would incorporate this into their records. Staff recorded people's weight and if there were any concerns action was taken. This showed the service ensured people's nutritional needs were monitored and action taken if required.

We spoke with the kitchen manager who told us about the different options that were offered to people according to their preferences and needs. Some people needed their food to be of a different consistency and this was clearly indicated in a board in the kitchen and was updated if people's needs changed. One staff member told us, "There is an option of diabetic deserts or ice creams if requested." Staff also told us that there were monthly events for people and their relatives, "We have pop up restaurants once a month, this month is Chinese food and last week we had a bake off."

Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance. Technology was used effectively to meet people's needs, for example, room sensors were used where people were unable to summon help physically, or were at risk of falls.

Records showed improvements in the consistency of communication within the team and effective team-working was promoted. People had access to external health professionals as the need arose and systems were in place to make sure people's healthcare needs were met. We saw from people's care records a range of health professionals were involved. This had included GP's, psychiatrists, community nurses, chiropodists and dentists, speech and language therapy and physiotherapists and the falls team. This showed people who used the service received additional support when required for meeting their care and treatment needs.

People's individual needs were met by the adaptation, design and decoration of the service. We saw the home was homely and spacious and comfortably furnished. There were pictures and photographs in the communal areas and the lounges were arranged in a way that encouraged social interaction. Bedroom doors were painted on one unit like a front door and people had chosen the colours they preferred. The registered manager told us they were looking into improving signage around the home for people with sensory impairments in order to support their orientation. People had access to the well-kept secure gardens with seating. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.



## Is the service caring?

### Our findings

People told us they liked the staff and we saw there were warm and positive relationships between them. One person said, "Staff are kind." A second person said, "I am happy here. I ask staff if there is a problem. They respect my privacy and dignity." A third person said, "If I need to talk about something I would ask my favourite [care staff member]."

One relative said, "I can speak to staff anytime, they are always there."

One community professional said, "Very caring and knowledgeable managers and staff. From what I've seen staff are approachable and engage with residents." A second community professional said, "Staff are caring and always helpful."

Staff we spoke with enjoyed working at Ashworth Grange and supporting people who used the service. One staff member said, "The best thing about the job is going home knowing you have helped someone. You have made people's day better."

People looked comfortable and relaxed when interacting with staff and staff maintained compassionate relationships with people. For example, we saw one carer expressed concern when a person was covering their face with their hands. The person said "Yes, just have something in my eye", and they continued chatting for a while. We saw one person returning to the communal lounge after having their hair done and two staff members praised them and the person smiled.

We asked staff to talk about individuals living in the home and they talked with genuine care and concern, which assured us they knew people well. They used this knowledge to engage people in meaningful ways, for example, with conversations about activities or music they knew the person liked. We saw people laughing and smiling with staff.

People's diverse needs were respected and care plans recorded the gender of carer they preferred to support them, as well as their religious and cultural needs. The registered manager told us they were not currently supporting any individuals from different ethnic backgrounds, but gave examples of how they supported people with their religious needs. This demonstrated the service respected people's individual preferences.

People were supported to make choices and decisions about their daily lives. People told us they had a choice of meals, what time to get up or go to bed, clothing, activities or when to have a bath or shower. Staff used speech, gestures, objects of reference and facial expressions to support people to make choices according to their communication needs. Staff told us they showed people a choice of clothing or meals to support them to make every day decisions if they communicated none verbally. Care plans contained details of how to recognise when a person may be in pain, unhappy or happy using non-verbal cues.

One staff member said, "We ensure privacy and dignity by always knocking on people's door before going

into their rooms." People's private information was respected and records were kept securely. People appeared well groomed and looked cared for and individual rooms were personalised to their taste with furniture, personal items, photographs and bedding they had chosen.

People were encouraged to do things for themselves in their daily life. One staff member said, "Some people like folding washing. We have asked for a room to do domestic jobs with people who enjoy it." Care plans detailed what people could do for themselves and areas where they might need support. This showed us the home had an enabling ethos which tried to encourage and promote people's choice and independence.

Relatives told us they were welcome to visit any time. This meant people were supported to maintain contact with people who were important to them.

Some people had independent mental capacity advocates and staff were aware of how to access advocacy services for people when the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to, or may need assistance in doing so, for themselves.

## Is the service responsive?

### Our findings

Through speaking with people who used the service and relatives we felt confident people's views were taken into account in planning their care. One person said, "The carers go through the care plan with me."

One relative said, "We are always kept informed. The home was brilliant trying to get continence aids for [our relative]." A second relative said, "We can see care the plan whenever, never any issues. Washing used to get lost but now we have paid for tagging, much better." A third relative said, "We can speak to the manager if we were worried. We would tell them straight."

At our last inspection on 21, 26 and 27 September 2017 we found the registered provider was not meeting the regulation related to person centred care because care plans did not always meet people's needs, as they lacked sufficient relevant details. At this inspection we found some improvements had been made.

We found some care plans were person centred and explained how people liked to be supported, however we found examples of inconsistent and conflicting information in some of the care plans we looked at. For example, one person's summary of needs indicated, '(Person) takes a shower every morning,' however, their bathing moving and handling assessment indicated '(Person) does not like to have a shower'. We spoke with staff about this and they said they would change the care plan as the person did not have a shower every morning. This meant people could not be assured staff had access to the most up to date information about their needs and preferences. This is important as some of the people who used the service had memory impairments and were not always able to communicate their preferences.

Despite this we found staff knew people's needs and preferences well and we observed care was delivered in line with these. For example, one person who had remained in bed for the day had music playing and a sensory light in line with their care plan.

A short personal history was included in care plans. The registered manager had been working with people who used the service and families to create personal history folders to give a more rounded picture of the person and store memories and family photographs.

We looked at the care plan for a person who had recently moved to the home and found all information was in place for staff to be able provide effective care. Care plans covered areas such as skin integrity, communication, continence, personal care and mobility. People's care plans were reviewed monthly or as soon as their situation changed, although the reviews had not always been effective in ensuring care plans were accurate and up to date.

The electronic care planning system used hand held devices for staff to record the daily care and support provided and there were also lap tops available for staff to update care plans. Staff accessed a summary screen for each person which informed them of the main elements of care.

We found the electronic system used by the provider to create and store care plans did not enable people to

sign the documents to demonstrate involvement although some records stated who had been consulted. The registered provider said they would address this. A residents' care survey in January 2018 found 12 out of 13 respondents said they were aware of their care plan and all 13 said their family had been involved.

The registered manager was not aware of the Accessible Information Standard, however the regional director showed us the providers policy which incorporated this. This requires the service to ask, record, flag and share information about people's communication needs. Services should take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw staff used appropriate communication methods with people. Information regarding people's communication needs, was recorded in care plans, for example information about people's hearing, vision, communication and memory.

People told us they were able to access activities in line with their tastes and interests. One person said, "I have been to the theatre to see the Black Prince." A second person said, "I join in what I can. I go in the garden. We get lovely cake. I've been on a trip to the museum." A third person said, "I would like to go to the shop more." □

One relative said, "[My relation] does not understand much, but after the royal wedding they sang every word to the songs. In memory time [my relative] recognised the old kitchen utensils, scrubbing board." A second relative said, "Staff have taken [my relative] to plant a sunflower and pick fruit in the garden. They all do lots of things with [my relative] even though [relative] doesn't understand, they enjoy it."

Staff spoken with good insight into people's personal interests and we saw from activity records most people had taken part in activities both inside and outside the service. One staff member said, "[Name of person] likes to do crafts and enjoys outings."

Since our last inspection the registered provider had employed a lifestyle manager and another staff member was allocated 25 further hours to arrange and complete activities with people.

On the days of our inspection people took part in craft activities, baking, coffee and cake afternoons in the newly opened café, visiting the homes sweet shop, table top games, puzzles and gardening. People had taken part in a range of activities including a recent trip to a museum, themed events, such as world cup and royal wedding celebrations, film nights, a Chinese banquet, tapas tasting and trips to Scarborough and Blackpool were planned. The registered manager said, "For those who don't want or cannot manage either trip we use the mini-bus to go locally – garden centres; pub lunches etc".

The registered manager had also created a sensory quiet room, for people living with dementia who may respond better to a more sensory environment. Where people stayed in their room interaction was not always recorded to evidence meaningful social stimulation. For example, we looked at the activities record for one person who spent most of their time in bed and the activities records indicated, "General activity relaxing in bed with music, was content" on two days and no activity records for the next day. However, we also saw from daily records staff had recorded spending time chatting with people in their rooms.

One person said, "I have not had to complain. My [relative] complains if needed." A second person said, "Staff are helpful." And a third person said, "I would talk to carers if I was worried."

Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw complaints had been dealt with appropriately when they arose and action taken when required. The registered manager was clear about their responsibilities to respond to and investigate any concerns

received and demonstrated learning from complaints was implemented to improve the service.

One person we spoke with, whose relative had recently received end of life care at the home was very complimentary about the support and care that had been provided to both themselves and their relative. They said, "They were just so good to [my relative]. They were just like family. They didn't give 100%, they gave more." People and their relatives had discussed preferences and choices for their end of life care including in relation to their spiritual and cultural needs. This was recorded and kept under review. This meant people's end of life wishes were clearly recorded to provide direction for staff and ensure people's wishes were respected.

# Is the service well-led?

## Our findings

People told us the home was well led. One person said, "The manager is very nice. I could talk to her." A second person said, "I have never had to see the manager, but I could do if I wanted to without a doubt." Another person said, "I don't know which the manager is. Yes, it runs OK."

One relative said, "We like the manager and have good contact." A second relative said, "The manager is approachable absolutely."

At the last inspection on 21, 26 and 27 September 2017 we found the registered provider was not meeting the regulations related to good governance because systems and processes to assess, monitor and improve the quality and safety of services were not operated effectively. We told the registered provider to make improvements and they sent us an action plan to show what they would do and when they would meet the regulations. At this inspection we found improvements had been made in most areas, however, some issues with governance still remained.

Care plans and documents were reviewed and audited regularly. Whilst the majority of care plan audits we viewed had resulted in action being taken we found several examples of inconsistent and contradictory information. For example; one audit of a person's skin integrity care plan stated that the skin integrity care plan and evaluation of the care plan contained contradictory information and required updating. This had been signed as updated on 6 June 2018; however, the information remained contradictory and had not been updated. This meant some audits were not effectively implemented.

A daily walk round was completed by a member of the management team every day and action was evidenced if required in most areas. Each check stated, "ABC charts completed where appropriate," however we found not all ABC charts had been completed and this walk round had been ineffective in highlighting and rectifying this issue.

The regional director completed monthly quality visits, but had been visiting more regularly to support improvements at the home. The registered manager worked to an action plan completed in conjunction with the regional director and we saw most action had been completed within the timescales set. However this system had not identified and rectified the problems we found with fire safety, behavioural management records and inconsistent care plans.

The above issues were a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because accurate records were not always maintained and systems of governance were not always effective.

We saw audits were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits of medicines, health and safety, catering and infection prevention and control were conducted.

Information was passed to the registered provider in areas including incidents and accidents, safeguarding, training compliance and recruitment. The new electronic records system enabled the registered provider to monitor and analyse live information; for example, whether people's fluid intake targets were being met every day.

The regional director told us the registered provider was reducing the number of services regional directors covered, to enable them to focus on quality. The registered manager told us they felt supported by the registered provider, and was able to contact a senior manager at any time for support.

Staff told us they felt supported by the registered manager and management team, who acted on any concerns. One staff member said, "The home has very much improved. Since [name of manager] came it's turned around. She has made the sensory room and the café." A second staff member said, "I like working here. The registered manager, as soon as she walked in, has made a difference, she's open; on the floor and accessible. We all work as a team."

The registered manager said they operated an 'open door policy' and people were able to speak to them at any time. People we spoke with confirmed this and we saw the registered manager engaging with people throughout the day. The registered manager was visible in the home and had knowledge of people's needs and preferences.

The registered manager told us their vision and values were to make the home more dementia friendly, "I want this to be the heart of the community, I want people to feel welcome, if it's good enough for one of my family members then it is good enough, I want to achieve outstanding."

We found the management team worked in partnership with community professionals. There was never any delay in involving partners to ensure the wellbeing of the people living at the home. One community professional said, "Everything I ask them to do they follow up. A home is only as good as the manager and [name of manager] is on top of things and approachable." A second community professional said, "Over the past twelve months the home has definitely improved. It seems better managed. Communication is better. They ring us early to prevent problems. Staff know what to do."

The registered manager had designed a newsletter which they sent to relatives to keep them up to date and involve them in the home. They told us they attended managers' meetings, training and events to keep up to date with good practice, and had nationally recognised qualifications in social care management. This meant they were open to new ideas to achieve good outcomes for people using the service. Four staff had completed dementia champion training recently and planned to roll out their training to other staff at the home about how to enhance the lives of people living with dementia.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. Residents' social committee meetings were held every month and topics discussed included feedback on activities and future ideas and arrangements for outings.

A 'Resident of the day' quality assurance check was in place. Each person had a number of person centred checks to ensure they were happy with the service, their room was in good order and they were achieving the outcomes in their care plan.

Anonymous questionnaires about different aspects of the quality of the service were also completed with people every month. We saw feedback was largely positive and where suggestions were made, action was being taken by the registered manager. Information was posted in the entrance to the home demonstrating

action that had been taken in response to feedback from people. Examples included adding suggested items to the tea trolley and presenting it a way that tempted people to eat.

Anonymous questionnaires were sent out to family members and professionals every six months by the registered provider and feedback had been acted on. A staff survey was also completed by the registered provider with largely positive feedback. The registered manager showed us how they had addressed the issues around communication and teamwork which a small number of staff had raised.

Staff meetings were held approximately every month. Topics discussed included mattress checks, sensor checks, staff development and training, activities, encouraging fluids, bath temperature checks, daily records and staff of the month. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

The registered manager understood her responsibilities with respect to the submission of statutory notifications to the CQC. Notifications for all incidents with one exception which required submission to CQC had been made.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments did not always contain sufficient detail to provide direction for staff and prevent future incidents.</p> <p>Emergency procedures were not robust to protect people in the event of the need to evacuate the building.</p> <p>(1) (a) and (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems of governance were not always effective.</p> <p>Accurate records were not always maintained.</p> <p>(1) and (2) (a) and (c)</p>