

Stephen Oldale and Susan Leigh

Ashmeadows

Inspection report

Moorbottom
Cleckheaton
West Yorkshire
BD19 6AD

Tel: 01274861049
Website: www.emyvalecare.com/

Date of inspection visit:
15 January 2020

Date of publication:
12 February 2020

Ratings

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

Summary of findings

Overall summary

About the service

Ashmeadows is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 17 people. The home is a converted property with shared communal areas on the ground floor. Bedrooms are located on the ground and first floor.

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

There were systems in place to safeguard people from the risk of abuse. Risks were assessed, and measures put in place to reduce the risk of harm. People told us there were enough staff on duty to meet their needs. The recruitment of staff was safe. Medicines were administered in a safe and caring way.

Staff received regular training and management supervision. There was a system in place to ensure new staff were supported. Staff communicated effectively between each other and liaised appropriately with other healthcare professionals. People received support to eat and drink, feedback about meals at the home was positive. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind. Staff supported people to maintain their privacy, dignity and independence. Confidentiality was respected.

Care plans were person centred and reflective of people's current needs. Staff supported people to participate in a range of social activities. People knew how to complain. Where a complaint was raised, this was reviewed and responded to.

People, relatives and staff felt the home was well managed and spoke positively about the registered manager. A range of audits were completed on a regular basis. We saw an action plan was in place to address areas of improvement. Meetings were held with people and staff and an annual survey provided further opportunity for people, relatives and staff to give feedback about the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 17 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashmeadows

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, an assistant inspector 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and one visiting relative about their experience of the care

provided. We spoke with a further two relatives on the telephone. We spoke with seven members of staff including the operations manager, registered manager, two senior care worker, two care workers a housekeeper. We also spoke briefly with a visiting healthcare professional.

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

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here because there are good staff." A relative told us, "I feel [relative] is very safe here. I have no concerns."
- Staff were aware of what may constitute abuse and the actions they should take. A staff member said, "If you come and you see anything like abuse, something that should not be happening like a member of staff being inappropriate with a resident or notice marks on residents then you would report it."
- Staff were confident any concerns would be listened to and addressed by either the registered manager or the manager director.

Assessing risk, safety monitoring and management

- Care records included a range of risk assessments which were reviewed and updated at regular intervals. Where people required staff to use a hoist to transfer them, their care records did not include enough detail regarding the application and fitting of the hoist sling. We brought this to the attention of the registered manager at the time of the inspection. Following the inspection they confirmed this information had been added to the relevant care records.
- Regular checks were made on the premises, environment and equipment to ensure people's safety. This included regular checks on the fire detection and alarm system. People's care records included a personal emergency evacuation plan (PEEP).
- The fire risk assessment had been reviewed during 2019. The assessment referred to changes made in December 2019 to include recent changes made to the cellar door and staircases.

Staffing and recruitment

At our last inspection we recommended the provider consider people's preferences when they calculate the number of staffing hours required to meet people's needs. The provider had made improvements.

- The registered manager completed a dependency tool each month which assisted them in planning the number of care hours which needed to be provided.
- People and their relatives felt there were sufficient staff on duty to meet people's needs. People told us, "The staff come quickly to me" and "I feel safe and well looked after as there is always someone around." None of the staff we spoke raised any concerns regarding staff numbers or deployment.
- During our inspection we saw staff were visible and people's needs were met in a timely manner.
- The recruitment of staff was safe. We saw suitable pre-employment checks were completed on candidates to reduce the risk of employing unsuitable staff.

Using medicines safely

- Medicines were stored and administered safely. We observed a member of staff administer people's medicines. This was done with care and patience.
- Protocols were in place for 'as required' medicines which ensured staff understood when people may need these types of medicine. The protocols were dated August 2018, there was no evidence they had been reviewed since this date. We brought this to the attention of the registered manager at the time of the inspection.
- The senior care staff on duty told us they were trained in the administration of medicines and an assessment of their competency was also completed.
- At the time of the inspection there were no medicines trained staff on duty at night. This shortfall had been identified by the registered manager and steps were being taken to rectify this.

Preventing and controlling infection

- The home was clean, tidy and odour free. A domestic was employed at the home, however, there was no dedicated cleaning staff employed on a weekend. Additional cleaning was completed by care staff.
- The kitchen was visibly clean although we found cleaning and temperature records for the fridges, freezers and food had not been completed every day. We raised this with the registered manager at the time of the inspection.
- Personal protective equipment was available for staff, for example, gloves and aprons. We saw staff using these during the inspection.
- The home scored 81% when the local authority infection prevention and control team audited them in September 2019. The registered manager updated us regarding action taken to date to address the identified shortfalls.

Learning lessons when things go wrong

- The operations manager and registered manager demonstrated a culture of transparency. They told us where things went wrong, they wanted this to be used as an opportunity to learn lessons and improve.
- There was a system in place to record and analyse accidents or incidents providing an opportunity to reduce future risk.

Is the service effective?

Our findings

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

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

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

- The registered manager told us people's needs would be assessed prior to their admission to the home, to ensure the service could meet their needs. This information was then used to develop people's care and support plans.
- We saw evidence people's care records were reviewed and updated at regular intervals.

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction, training and shadowing a more experienced member of staff. A member of staff who had been employed for less than a year said, "Yes, yes it was helpful... They showed me it bit by bit like laundry, entertainment with the residents until I got more comfortable. Then I learned how to assist with mealtimes. I shadowed until I was comfortable."
- The training matrix evidence staff received training in a range of topics. Training was refreshed and updated at regular intervals.
- Staff received regular management supervision. One of the staff told us, "We have supervisions generally monthly or maybe just longer than a month or if something crops up. They are quite often now."

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

At our last inspection we recommended the provider consider current guidance on daily fluid targets for people. The provider had made improvements.

- Since the last inspection the registered manager had put separate documents in place for staff to record people's diet and fluid intake. Where people were at risk of dehydration, people's individual fluid targets were noted, staff recorded people's fluid intake and daily totals were monitored by staff.
- One of the staff was the nominated champion for people's hydration needs. They told us, "I attended a one-day course... The training allowed me to see it from the resident's eyes when they are given drinks. I learnt ways of keeping people hydrated so they have more choice of flavour and different ways of having it and at different times."
- We received positive feedback about the meals at Ashmeadows. One person said, "The food is reasonable and there is enough and a good choice." Another person commented, "I don't have much appetite I have build-ups and the food is good."
- We observed the lunchtime meal. People had already chosen their meal and the meal was plated up by staff. The atmosphere was calm and relaxed. Staff offered people condiments and drinks. People were

asked if they had eaten enough before staff removed their plate. One person needed support to eat their lunch, this was provided in a caring and respectful manner.

- Where people required a textured diet or thickened fluids, to reduce the risk of choking, this was provided. We noted staff did not consistently record the texture of each meal provided. We brought this to the attention of the registered manager at the time of the inspection.
- The home had not always had a dedicated member of staff to do the cooking. This had been ongoing for a number of weeks; the shortfall had been picked up by the care staff team.

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

- People had access to other health care professionals. One person told us, "They would call a doctor if I needed one." Peoples care records included information about the input of other healthcare professionals. We saw recommended actions had been implemented.
- There was a small staff team who communicated effectively with each other through daily communication, shift handovers and staff meetings. A member of staff said, "The handovers in the mornings are really helpful. The senior will allocate tasks in detail to staff. If we need any help with anything, the manager is always there."

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

- Ashmeadows is a converted property with bedrooms to both the ground and first floor. There were two communal lounges. One included a dining area with a conservatory. Access to a secure garden was through the conservatory.
- The registered manager told us, since the last inspection the lounge/dining room had been re-decorated. They also said four people's bedroom had been re-painted. They told us the carpet had been changed to a plain carpet in one person's bedroom as they had noted the person was distracted by their patterned carpet. They told us these changes had been completed following discussion with the people involved and/or their families. Some décor within the home and people's bedrooms looked tired and in-need of refreshing.
- We saw issues identified in residents meeting in July 2018 had been actioned. For example, during 2019 a gazebo had been erected in the garden and a small greenhouse had been purchased.

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

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

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

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

- The registered manager and operations manager demonstrated an understanding of the principles of the MCA. Staff had also received training in MCA to ensure they had the appropriate knowledge.
- Where people lacked the capacity to make their own choices and decisions, we saw capacity assessments

were completed.

- Appropriate DoLS applications had been made to the local authority.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were caring and kind. Comments included; "They understand my needs and if I was worried they would sit and talk to me", "They are kind and I am happy here" and "Oh yes the staff are caring. A young lass has started, they are champion." A relative told us, "It is really good and friendly here. They really understand [persons] needs."
- It was evident from speaking with the registered manager and staff and from our observations, staff clearly knew people very well. The atmosphere in the home was relaxed and friendly. Staff spoke with people as they went about their duties and involved people in their conversations.
- Through talking to people, staff and the management team, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.

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

- Staff involved people in making decision regarding their care and support. One person told us, "I can make my own choices." Another person said, "I can do what I want to do." One of the staff told us, "We will ask them. For example, today I asked someone if they wanted to get up now or later. You ask them if they want a bath or a shower... They all like different music and during mealtimes, we will ask them what they would like to listen to."
- We heard staff offering people choices throughout the day. This included where they wanted to sit, what they would like to drink and eat.
- The registered manager told us they invited people and their relatives to be involved in six monthly care plan reviews. The review record in one of the care files we reviewed noted "[I am] happy with [person's] care." A relative told us, "They discuss the care plan with me."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. Staff knocked prior to entering people's bedrooms and introduced themselves as they entered. We observed staff supporting a person to transfer in a hoist. They spoke to the person, explaining what they were doing and providing re-assurance through words and appropriate touch.
- A visiting professional told staff respected their client's independence. Care records included information about the tasks people were able to complete independently. We saw one person was able to drink without staff support using a specialist cup. This was reflective of the information in their care plan.
- Confidential information was stored securely.

Is the service responsive?

Our findings

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

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

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

- Since the last inspection the registered manager had re-written everyone's care plans. Each of the care records we reviewed was detailed and person centred. In the event a person's needs changed, care plans were reviewed and updated. Information was recorded consistently throughout each person's care file. Care records were an accurate reflection of the care we saw staff providing.
- We saw the occasional entry in people's care plans where the choice of words could have been more dignified. We brought this to the attention of the registered manager who assured us this would be addressed.
- A daily record was made by staff which provided a basic summary of people's care and support.

Meeting people's communication needs

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

- People's care records included the support they needed to communicate. For example, if they required glasses or a hearing aid. One of the care records we reviewed noted, "I can point at things and say yes no."
- The registered manager told us information could be provided in alternative formats if required.

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

- People and their relatives told us about a range of activities provided by Ashmeadows staff. These included; dominoes, watching movies, making cakes and one to one chats. Regular entertainers visited the home as well as visits by local school children. There were trips to the local pub, a garden centre and two people regularly attended church. People also made use of the garden with a BBQ, summer fair and growing plants and vegetables.
- The home did not employ a dedicated activities co-ordinator. Staff told us they were all involved in supporting people with activities. One of the staff told us, "[Person] loves going for walks or to the shops so yes, we take [person] out... We also have the [person] and they like going to the church and things so we will take them there. If there is a special occasion at the church, [person] will want to go."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain. One person told us, "I know who is in charge and I would tell the staff if I had a problem."
- Information about how to complain was on display in the reception area. Where issues were raised, these were recorded. A record was also kept of the actions taken to address the matter and the outcome.

End of life care and support

- At the last inspection we saw limited evidence of end of life care planning. At this inspection we saw care records included peoples end of life wishes, where they were known.
- Where people had a Do Not Resuscitate (DNR) instruction in place, this document was stored at the front of their care files.
- The registered manager told us staff had completed end of life training and one of the staff had become an end of life care champion. The end of life care champion was in the process of completing additional training to support them with this role.

Is the service well-led?

Our findings

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

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

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

- People and their relatives were complimentary about the registered manager. Comments included; "It is very nice here and well organised", "It seems well run now since [registered manager] came. It is very improved. I would give it ten out of ten "and "The manager is very good. The best thing is it is homely, and the atmosphere feels good."
- Staff also felt the home was well managed and they enjoyed working at the home. One of the staff commented, "It's a small home, so it's like home from home. It's like looking after your grandparents. The families are nice. We have good relationships with the families. Everyone gets on. It's just nice to work here really... If we ever need any support with anything, we can always ask management. I feel I can ask them anything really."

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

- The registered manager was supported by the operations manager. They visited the home weekly and completed a regular quality audits and compliance reports.
- A range of internal audits were completed by the registered manager on a regular basis. Where shortfalls had been identified, a record of the action taken had been made.
- An external company had completed a health and safety audit in November 2019. The service was assessed as low risk. Areas identified for improvement had been actioned.
- The registered manager showed us and action plan which evidenced the work undertaken over the previous eighteen months to improve the quality and safety of the home.
- Both the registered manager and operations manager demonstrated a clear desire to continually improve the quality of care people received. The registered manager attended good practice events and manager forums in the local area.

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

- An annual survey was distributed to people, relatives, staff and visiting healthcare professionals. The result of the latest survey was displayed in the reception area. This included a summary of action taken to address points raised through survey feedback.
- Meetings were held at regular intervals with people who lived at the home. Relatives were also able to attend these meetings if they chose. The registered manager also scheduled in a frequent 'drop in'

opportunities for relatives, although they said these were not used as they had an open-door policy for people or relatives to speak with them at any time.

- Regular meetings were held with staff. Minutes recorded the topics discussed, as well as questions and issues raised by staff. one of the staff commented, "[Registered manager] will give us a chance to speak about anything."

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

- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.
- The previous inspection rating was clearly displayed in the reception area.

Working in partnership with others

- The registered manager had developed links with a local nursery school. The registered manager and staff team also worked in partnership with other healthcare professionals.