

HC-One Limited

# Ashington Grange

## Inspection Report

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### Overall summary

Ashington Grange is a nursing home registered to accommodate up to 59 people. At the time of our inspection the service provided care for 39 people.

Our inspection team was made up of two inspectors 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. Below is a summary of what we found. The summary is based upon observations during the inspection, speaking to people who used the service and the staff supporting people.

At the time of our inspection there was no registered manager in post. However a manager had been recruited to the home and had been in post for number of weeks. The manager was in the process of applying to register with the Care Quality Commission.

The manager was responsible for two services on the same site; Moorhouse Farm and Ashington Grange. When looking at the accidents, incidents and complaints recorded we saw that this information was not recorded separately and therefore it was difficult to distinguish which home the incidents or accidents had occurred in.

# Summary of findings

In addition we noted the records for complaints received in the past 12 months were not complete.

We saw that no documentation was available to show any investigations or actions had taken place and, in seven cases the original complaint letter was not available to view.

This meant there had been a breach of the relevant regulation (Regulation 10) and the action we have asked the provider to take can be found at the back of the main report.

During our inspection staff we spoke with had a good understanding of safeguarding vulnerable adults, could describe the training they had received to us and what they looked out for when working in the home. The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards make sure that people, who lack capacity, are not deprived of their liberty unlawfully and are protected.

We saw medication kept in the home was stored appropriately and monitored on a regular basis.

During our inspection we spoke with a relative who was visiting and attending a care review. They told us they were regularly informed of any changes and were attending a meeting to check all the care arrangements in place were still applicable.

Staff told us they had received training in all mandatory areas such as infection control and moving and handling. The manager told us they were aware supervisions had fallen behind prior to them starting in post. However, we noted 70% had been completed in the three months since they joined and they confirmed the remaining supervisions were planned to be completed by the end of the following month.

We noted that staff had positive relationships with people living at Ashington Grange. We saw that people were given choice and staff helped to involve them in day to day decisions. Staff told us how they tried to maintain people's privacy and dignity. They told us they knocked on people's doors and made sure that curtains and blinds were drawn when people were receiving personal care. One person we spoke to said, "I can't grumble about the care, they are always on hand if you need them."

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

Staff told us they would feel comfortable raising any concerns. Relatives who were visiting the home at the time of our inspection told us that they were happy with their relatives living there and thought they were safe and well cared for.

The manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place. However the manager knew the correct procedures to follow to ensure people's rights were protected. We noted that, although staff had received training in the Mental Capacity Act 2005, mental capacity assessments had not been completed consistently.

We saw that medication in the home was stored in a locked treatment room and controlled drugs were stored in a secure, wall mounted cupboard. The service had a good system of ordering medication and medication was checked daily to minimise any risk.

### **Are services effective?**

During our inspection we noted that people were offered choices throughout the day. Staff we spoke with told us that they always tried to offer people choices. We saw staff presented these in different ways depending upon people's abilities.

We noted that people's care plans were written with their involvement. Where people could not express their views a friend or family member had been involved.

### **Are services caring?**

People told us they were happy with the care they received at Ashington Grange. One person said, "The staff are very nice, they look after you well." Another person said "I am very well looked after." We spoke with relatives of people who lived at the home and they were positive about the care they observed. One relative said, "The care is fantastic, we cannot fault it. The staff are smashing, we visit regularly."

Due to people's complex care needs not everyone was able to communicate with us in relation to the care they received. We spent time observing relationships between the staff and people who used the service. We saw that people appeared relaxed and comfortable with the staff and staff supported people in a caring and non-hurried way.

# Summary of findings

## **Are services responsive to people's needs?**

We reviewed five care plans and saw each had been evaluated monthly. This helped to make sure the home responded to any change in people's needs.

We saw that, although an activities timetable was available there were not a lot of activities taking place throughout the day; instead most people were in the communal areas watching the television. Staff we spoke with told us they didn't feel as though the activities at Ashington Grange catered for all of the people who used the service.

## **Are services well-led?**

At the time of our inspection there was no registered manager in post. However a manager had been recruited to the home and had been in post for number of weeks. At the time of our inspection the new manager was in the process of applying to register with the Care Quality Commission.

The manager was responsible for two services on the site; Ashington Grange and Moorhouse Farm. When looking at the accidents, incidents and complaints recorded we noted that this information was not recorded separately for Ashington Grange and therefore it was difficult to distinguish in which home any incidents or accidents had occurred. In addition we noted the records for complaints received in the past 12 months were not complete. 10 complaints had been received across the two services and although all had received a written response, we noted that for seven complaints the original letter of complaint was not available for us to see.

This meant there had been a breach of the relevant regulation (Regulation 10) and the action we have asked the provider to take can be found at the back of this report.

We found that there were enough staff working in the home to meet the needs of the people living there.

# Summary of findings

## What people who use the service and those that matter to them say

Due to the complex needs of people using the service we were not always able to verbally seek people's views on the care and support they received, however we could discuss with them what they liked to do and what they had done recently.

People we spoke with and their relatives were positive about the care they received at Ashington Grange. One relative said, "The care is fantastic, we cannot fault it. The staff are smashing, we visit regularly."

People we spoke with were very positive about the staff at Ashington Grange. One person said, "The staff are very nice – they look after you well." Another person said, "I can't grumble about the care, they are always on hand if you need them."

# Ashington 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 was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We last completed a scheduled inspection in June 2013 and found the service was meeting all regulations inspected.

We visited this service on 29 April 2014. We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care in the communal area and used the Short Observational Framework (SOFI), which is a specific way of observing care to help us understand the experience of

people who could not talk with us. We spoke with members of staff and people who used the service. We also looked at documents and records that related to people's support and care and the management of the service.

The inspection team consisted of two Inspectors 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.

Before our inspection, we reviewed all the information we held about the service and contacted the local safeguarding authority and local commissioning. The provider submitted a 'provider information return', which we reviewed prior to the inspection.

Ashington Grange is registered to accommodate up to 59 people. At the time of our inspection the service provided care for 39 people and we spoke to six.

# Are services safe?

## Our findings

Due to the complex needs of people using the service we were not always able to verbally seek people's views however we saw that people appeared relaxed and comfortable with each staff member. We spoke to staff about whether they felt people were safe living in the home. One staff member said, "I am fully aware of the safeguarding and whistleblowing policies and would know what to do." Another staff member said, "I would report any suspected abuse to the nurse straight away, or go to the manager." We noted that the safeguarding policy, along with policies for Mental Capacity and Deprivation of Liberty Safeguards (DoLS) were displayed on a notice board in the corridor of the home. We saw that the telephone contact details for the local safeguarding authority were also displayed. Staff told us they would feel comfortable raising any concerns.

The manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) is law protecting people who are unable to make decisions for themselves. There were no DoLS currently in place. However the manager knew the correct procedures to follow to ensure people's rights were protected. We saw that each person had a DoLS screening checklist in their file which staff had reviewed monthly. We noted that although staff had received training in the Mental Capacity Act 2005 mental capacity assessments had not always been completed, therefore it was not clear as to whether people were always receiving the support they required to make decisions. We spoke with the manager who had recently been appointed and she talked us through the plan she had put in place to ensure Mental Capacity Assessments were completed, where applicable,

within the next four weeks. We spoke with the Quality Assurance Manager who advised us the Mental Capacity Assessments had been introduced on the dementia unit and the plan was to ensure they were complete in the other two units within the home.

We saw that risk assessments were complete based upon circumstance for each person. For example we saw that one person had a falls risk assessment which was reviewed monthly. We noted that the risk score changed frequently depending upon whether the individual had suffered any recent falls and included other health factors, such as dizziness and person's overall wellbeing. This meant that information stored on how to keep people safe was updated regularly which minimised any risks.

We found that medicines were well managed by staff in the home. Medication was stored in a locked treatment room and controlled drugs were stored in a secure wall mounted cupboard. The service had a good system of ordering medication and medication was checked daily to minimise any risk. We saw that following each daily check a form was submitted to the manager for review. We found that a register was in place for controlled drugs, there were no gaps in signatures and a daily count was evident.

Each person's Medication Administration Record (MAR) had a photo of the person and clearly indicated any known allergies. We saw that each MAR record was colour coded for morning, lunch, tea and evening medication, which helped to minimise any errors with medication administration.

For medication that needed to be stored in a refrigerator we saw that the opened medication had the date that it could last be used noted and the fridge and room temperature were monitored regularly.

# Are services effective?

(for example, treatment is effective)

## Our findings

During our inspection we saw that people were offered choices throughout the day. Staff we spoke with told us that they always tried to offer people choices and they presented these in different ways depending upon people's abilities. One staff member said, "I ensure that the clients receive personalised care, I use their name, I give them choices and always explain what is to be done and ask their permission." Another staff member said, "All the clients with dementia are different and they have different routines, I ensure that their care is given to them their own way and on an individual level."

We saw staff involved people in decisions about all aspects of their daily lives and respected their choices. We noted that people's care plans were written with their involvement. Where people could not express their views we noted that a friend or family member had been involved. We saw people had monthly reviews with staff whereby they discussed any changes in their needs. Staff told us they asked people during these meetings if there was anything about the care they received they would like to be done differently.

We saw staff communicated well with people who could not make their needs known verbally and made sure they were included in any decision making. Staff knew the different body language and signs people used and responded appropriately.

The manager told us that if people couldn't express their views and didn't have a friend or family member to support them they had details of local advocacy agencies that could come and support and represent people. We noted information regarding advocacy was available in the communal areas of the home. At the time of our inspection, no one at the service required the support of an advocate.

We spent time in the dining room during lunch time and saw that staff always involved people in decisions and choices. For example, each vegetable available was offered and people were asked if they wanted assistance with cutting up their food. We noted that whilst people were waiting for their meal staff were talking to people. For example, we noted that one staff member noticed a person had just had their nails and hair done and was commenting on it.

Staff told us they had completed all their mandatory training. One staff member said, "I have carried out all the eLearning modules which included dementia and I've done my NVQ Level 1 and 2 in Health and Social Care. I get supervision from the nurse or manager and I feel well supported by the manager." Another staff member said, "I have completed all my training on the eLearning over the last 12 months. I have completed moving and handling, dignity and care and also challenging behaviour. For future training that I might want I would ask at supervision. This happens every month or two months. I have no issues or concerns, I'm quite content."

We noted that as well as the mandatory training, some staff also received training in specialised areas such as pressure care and end of life care. We saw 42 staff working between the two services at the time of inspection had completed an National Vocational Qualification (NVQ) Level 2 and a number of staff were working towards their NVQ Level 3. Staff told us the service supported them to gain qualifications related to their role.

Staff told us they felt supported in their role and they were confident they could speak to the manager if they felt they needed training in a certain area. One staff member said, "We have staff meetings every month, I feel I can raise things. I feel confident in raising any concerns or issues."



# Are services caring?

## Our findings

People told us they were happy with the care they received at Ashington Grange. One person said, “The staff are very nice, they look after you well.” Another person said, “I am very well looked after.” We spoke with relatives of people who lived at the home and they were positive about the care they observed. One relative said, “The care is fantastic, we cannot fault it. The staff are smashing, we visit regularly.”

Due to people’s complex care needs not everyone was able to communicate with us in relation to the care they received. We spent time observing relationships between the staff and people who used the service. We observed staff assisting people in to chairs or wheelchairs and noted that they did so with patience and explained to people what they were doing at each stage of the transfer process. We saw that people were at ease and relaxed. During our observations we noted that staff had a nice, friendly manner with people and people were happy with the care they received.

Staff explained to us how important people’s behaviour or mood changes were if they were unable to communicate. One staff member said, “Through my experience of working with the residents I tend to be able to tell and get to know their mannerisms and behaviour and when they are unhappy or agitated.” Another staff member said, “With those clients who have dementia I would look at their care plan to make sure I know all the latest information and what they like.”

We reviewed five care plans and saw they were written with the needs of each person in mind. Each plan contained up-to-date information on how to care for the person and how to meet their individual preferences. They included what was important to people and how staff should maintain their privacy and dignity. People had been involved in their reviews, which were set out in a way that focused on the person receiving care. They were easy to read and helped people who used the service to fully understand what their plan contained. They talked about people’s dreams and goals and showed that people had been supported to do the things they liked and were interested in. One relative told us how they had been involved in all of the care plans when their relative first moved in to the home and they regularly attended reviews so they could make sure everything was up to date.

During our inspection we noted that when people required support with personal care that staff did this in a discrete way, for example we noted one staff member asking someone if they needed to be supported to the toilet. We noted that this was done in a quiet and unassuming way so as not to draw attention to the person. Staff told us how they ensured people’s dignity was always supported. One staff member said, “I make sure that the residents are always treated with dignity, the ‘do not disturb’ sign goes on the door for bathing and I make sure the bathroom door is locked so people can’t walk in.” Another staff member said, “To maintain dignity, I always close the door and curtains and explain what I’m doing and why and I always ask permission.”

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We reviewed five care plans and saw each had been evaluated monthly. This helped to ensure the home responded to any change in people's needs. We saw that each person had a 'room profile' document which summarised their individual preferences, we saw this included what people like and admire, important things about people's life, what they liked to do during the day and their personal care needs. People told us that staff supported them to do what they wanted.

During our inspection we spoke with one relative who was at the home to meet staff to complete a care plan review. They told us they were happy with the care their relative received and that they got to meet with the staff regularly to see how things were going and if anything needed changing.

We noted the home had a large number of notice boards which contained information for people using the service. This included information for the local advocacy service as well as details about trips the home was planning, community centres and local activities that people could participate in.

We saw that people were encouraged to maintain personal relationships and attended. People told us that if they were in their room, they were always reminded of the activities and asked if they wanted to join in. We noted that although an activities timetable was available there were not a lot of activities taking place throughout the day in the home; instead most people were in the communal areas watching

the television. Staff we spoke with told us they didn't feel as though the activities at Ashington Grange catered for all of the people who used the service, as the activities coordinators worked between two services. They said the people who weren't as able didn't always get activities to suit their needs. One staff member said, "When activities and day trips happen I think it's the same ones that go, I think there should be more opportunities for others." Another staff member said, "During the day there are different activities, most like to sit and watch TV or we put music on. We might do crafts when we have the time."

We saw that there were two activity staff employed to work between Moorhouse Farm and the neighbour home, Ashington Grange. Each staff member worked Monday to Friday and shared their time between the two services. The manager told us that she was looking at varying the working hours so that there would be opportunities for activities on evenings and weekends. One person said, "I like getting involved in some of the activities, I have never been out though, I would like more that I can do." Another person said, "They have shows at the home. I would like to go out but I'm waiting for my new wheelchair."

The manager told us that monthly residents meetings were held and people were encouraged to share their views. We viewed minutes from the most recent meetings and noted that there was a regular group of people attending each month.

We saw that people had care plans in place for end of life care. We noted that this included information about any advanced decisions as well as personal preferences.

# Are services well-led?

## Our findings

At the time of our inspection there was no registered manager in post. However, a manager had been recruited to the home and had been in post for number of weeks. At the time of our inspection the manager was in the process of applying to register with the Care Quality Commission.

The manager was responsible for two services on the site; Ashington Grange and Moorhouse Farm. When looking at the accidents, incidents and complaints recorded we noted that this information was not recorded separately and therefore it was difficult to distinguish in which home the incidents or accidents had occurred. We saw that all accidents were logged on to the provider's central system, 'Datix'. However, we saw that they were all logged under Ashington Grange and that no profile was set up for Moorhouse Farm information to be recorded separately. The manager told us that they could search the accidents and incidents, for example to see how many accidents happened during a specific time period. However, they did not receive this information automatically. No trends identified from the data entered into the system were recorded automatically, which meant that the service was not learning from the mistakes that occurred to prevent repeat incidences.

The manager advised that for the month of April they had started to complete a falls analysis outside of the central system so they could look at how many falls people had. We noted however, that this again was done as one document for both services together and there was no separate set of information. We concluded the service could not identify trends in falls or propose any learning points as the information was not able to be viewed per service.

The provider did not have an effective system in place for managing complaints. We saw that the records for complaints received in the past 12 months were not complete. 10 complaints had been received across the two services and although all had received a written response we noted that for seven complaints the original letter of complaint was not available. No documentation was available to show any investigation or notes taken in response to the 10 complaints. The manager who was in charge of the service at the time the complaints were

received was no longer in post; therefore we were unable to discuss this further. We noted that there no documentation, learning or actions from the complaints received.

This meant there had been a breach of the relevant regulation (Regulation 10) and the action we have asked the provider to take can be found at the back of this report.

We saw that each day, the names of the staff on shift on each floor were clearly displayed on a notice board of each unit. We looked at the staffing rotas for the previous four weeks and noted that staffing numbers were consistently at the same level. We spoke with staff who told us that, although they had enough staff to meet basic care needs, they felt as though further staff would be beneficial to provide extra one to one time for people. One staff member said, "The staffing levels are right if you go off the ratio, but if there was more we would have more time with the residents. The level of care would be the same but we could provide the extra touch." Another staff member said, "I feel there is enough staff but it would be nice to have an extra pair of hands, just so we can spend more time with people."

We saw that there was an on-call arrangement and this alternated between the manager and the deputy manager on a weekly basis and this provided extra support to staff working night shift or over the weekend.

We saw that although the same staff worked in the home on a daily basis which helped to ensure the care received was consistent, the manager also managed another home on the same site. They explained that if there were any staff shortages they would be able to cover these with the permanent staffing team. During our inspection the staff on one unit told us that there sometimes could be a divide in staff, whereby they only covered certain areas rather than support each other. We discussed these concerns with the manager who advised this was something that had been raised to her recently and she was working on rectifying the situation.

We noted that the home had effective plans in place for emergencies. A service user evacuation register was available, which listed all people who lived at the service and gave them a risk rating for evacuation procedures between low and high risk. The register also contained information about whether any assistive equipment would

## Are services well-led?

be required and the number of staff that would be required to assist. In addition we noted that staff telephone numbers, next of kin details and contact for the local GP were recorded.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</b></p> <p>How the regulation was not being met:</p> <p>People who use services and others were not protected against the risks as the provider did not have effective systems to regularly assess and monitor the quality of service that people receive.</p> <p>Regulation 10(1)(a)(2)(b)(i)(c)(i).</p>