Ms Cherie Reynolds

Ashgrove Care Home

Inspection report

Church Lane
Oswestry
Shropshire
SY11 3AP

Tel: 01691774101

Date of inspection visit:
10 November 2016
16 November 2016

Date of publication:
14 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was carried out on 10 and 16 November 2016 and was unannounced.

Ashgrove is registered to provide accommodation with personal care for up to a maximum of 10 older people. There were five people living at the home during our inspection.

The provider is registered as an individual and therefore is not required by law to have a separate registered manager. 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.

The home was last inspected on 17 December 2015 where we gave it an overall rating of requires improvement. At the last inspection we asked the provider to take action to make improvements to how they supported people with their nutritional needs and to make improvements to the leadership of the service. We asked the provider to send us an action plan to tell us how they would make these improvements. At this inspection we found that some improvements had been made but that the provider had failed to make improvements to their governance and quality assurance systems.

The service lacked effective leadership. The governance systems in place were chaotic, many policies were out of date and did not reflect current best practice. The provider had not fulfilled their regulatory responsibilities as they had not notified us of significant events that they are required to tell us about by law. There was a lack of formal quality assurance systems to drive improvements in the service. Concerns we had identified at our last inspection had not been fully addressed and similar concerns were found at this inspection.

The provider did not have effective systems for monitoring staff training and development needs. Staff had the skills and knowledge to meet people's support needs Staff felt well supported by the provider and their colleagues.

People felt safe living at the home as staff monitored their wellbeing and were always available to support them when needed. There were enough staff to support people's health and social needs.

People were protected from harm and abuse by staff who were able to recognise the signs of abuse and knew how to report concerns. Staff were aware of the risks to people and how to minimise them.

People received their medicines as prescribed and had access to health care professional as and when required.

Staff sought people's consent before supporting them and respected their right to decline support.

People enjoyed the food they received and were encouraged to follow healthy diets. Snacks and drinks were

made readily available to people. People's medicines were managed safely and they were supported to see health care professionals as needed.

People were treated with kindness and consideration. People were given choices and felt listened to. Staff promoted people's dignity and supported people to maintain their independence. People were supported to keep in contact with friends and relatives who were important to them.

People were involved in developing their care plans. Staff knew people well and were able to recognise changes in their needs.

People were able to choose how they spent their time and were supported to do things they enjoyed doing. People felt confident and able to raise concerns should the need arise.

You can see what action we asked the provider to take at the back of the full 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?

Good

The service was safe.

People were supported by staff who were able to recognise the signs of abuse and knew how to report concerns.

Risks to people's health and well-being had been identified and plans were put in place to minimise them.

There were enough staff to meet people's needs safely and in a timely manner.

People received their medicines safely and accurate medicine records were maintained.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider did not have effective systems for monitoring staff training and development needs.

Staff sought people's consent before supporting them.

People enjoyed the food and were encouraged to follow healthy diets.

People were supported to see health care professionals as and when required.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People were involved in decisions about their care and support.

People's dignity and privacy was respected and they were supported to remain as independent as possible

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in developing their care plans.

People were able to choose how they spent their time.

People felt confident and able to raise concerns.

Is the service well-led?

Requires Improvement

The service was not well led.

The service lacked effective leadership.

There was a lack of quality assurance systems to drive improvements in the service.

Governance systems were chaotic and did not reflect current best practice.

Ashgrove Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 16 November 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the provider to complete a provider information return (PIR) however this was not provided. The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service. We used this information to plan the inspection.

During the inspection we spoke with five people who lived at the home and three relatives by telephone. We spoke with two health care professionals one of which was visiting the home, the other we spoke with by telephone. We spoke with five staff which included the provider, the deputy head of home and three care staff. We viewed three records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, quality assurance checks and accident reports. We spent time observing how staff supported people and how they interacted with them.

Good

Is the service safe?

Our findings

At the last inspection the provider needed to make improvements to how they recorded and analysed accidents. At this inspection we found that some improvement had been made in regard that a falls record had been put in place to monitor the frequency and cause of falls. However, further improvement was required to ensure outcomes of accidents were clearly recorded in line with duty of candour requirements. Staff told us and we saw that accident forms had been completed. However, the accident forms did not consistently record the action taken or demonstrate management oversight. The provider explained that due to the size and nature of the service they were aware of any incidents that occurred. They said people were referred to health care professionals where it was felt necessary. The provider and the deputy head of care agreed to ensure that further detail was added to accident forms to provide clarity regarding the outcome and actions taken to prevent re occurrence.

Staff demonstrated that they would take appropriate action to ensure a person's immediate health and well-being in the event of accident. They would initially determine if the person had any injuries and contact the ambulance or GP if necessary. One staff member told us if a person had bumped their head they would contact the GP. They said, "Best to get it checked out even if you think they are ok."

People felt safe living at Ashgrove. When asked if they felt safe, one person said, "Yes very much so." They went on to explain this was because staff were available at all times. Another person explained they felt safe because they got the support they required during the night. A relative told us the provider made their family member feel, "Safe and secure." Staff we spoke with had not all received training on how to protect people from abuse but understood and knew how to recognise the signs of abuse. They told us they would tell the deputy head of home or the provider if they witnessed or became aware of abuse taking place. At this inspection it had not been necessary for the provider to report any such concerns. However, the provider demonstrated that they were aware of their responsibility to report concerns of abuse to the local authority.

Risks to people's health and wellbeing had been discussed with them. One person had their feet up on a footstool and told us they needed to elevate their legs to maintain their health. The deputy head of home told and showed us risks to people were routinely assessed, monitored and reviewed. For example, one person was at risk of developing pressure areas. We saw that staff had taken action to minimise the risk and the person's skin condition had improved. Another person had poor dietary intake and we observed that their weight was regularly monitored. Medical advice was sought when concerns were identified. We saw people being assisted to move around the home with their walking aids. Staff provided discreet encouragement and guidance to ensure people's safety.

Staff told us they kept people safe by reading their care plans and risk assessments. They also discussed people's need with them and with other staff members. One staff member told us they looked out for trip hazards and ensured people's walk ways were clear of clutter to prevent falls. Another staff member told us they ensured the environment was clean and checked that windows and doors were secured at night.

People told us they felt there were enough staff to meet their needs. One person said, "I don't seem to be waiting for anything for long. If you want help you just ring and they (staff) come." Another person told us that staff were always either working in or passing through the lounge and checked if they wanted or needed anything. Staff we spoke with felt there were enough staff and they worked as a team to cover each other's sickness and holidays. We observed that there were enough staff to meet people's needs in a timely manner. The provider told us they had five vacant rooms and that they would increase staffing levels accordingly when new people moved in. The provider had not recruited any staff since taking over the service as this was a small service and had a low turnover of staff. We found the provider did not have a clear system in place to maintain and store recruitment records. For example, we saw one staff member had worked at the home for a number of years but their recruitment file did not contain a Disclosure and Barring Service (DBS) check. Both the staff member and provider stated this had been completed but were unable to find a copy. On the second day of our visit a further DBS form had been submitted. The DBS service enables employees to make safe recruitment decisions.

People were satisfied with the way staff supported them with their medicines. One person told us, "I've had my tablets this morning and I will have painkillers at lunchtime." Another person told us that staff knew what medicine they needed to take and they received these at regular times each day. We observed that people were asked if they needed pain relief and one person was reminded they needed to chew one of their medicines. Records were kept regarding the administration of records and these were monitored by the provider or the deputy head of care on a daily basis. Staff told us they had received training in the safe administration of medicine. One staff member told us that the deputy head of home occasionally observed them administering medicine to ensure they were doing this correctly.

Requires Improvement

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one living at the home was subject to DoLS. At the last inspection we found that the provider and staff had not received training in MCA and DoLS and had limited understanding of the Act and the implications for their practice. The provider told us they would arrange training in MCA and DoLS. At this inspection we found that training had not been provided and no improvements had been made to address the gaps in staff knowledge. This had not impacted on people living at the home as everyone had the mental capacity to make their own decisions about their day to day care. However, we were not assured that people's rights would be protected should they lose the mental capacity to make their own decisions.

People told us and we saw that staff asked them if they were happy to be supported before they continued to do so. Staff understood that they needed to gain people's consent before supporting them. One staff member explained that if people were reluctant to receive support they respected their decision. They said, "You can only encourage people and can't make them do things they don't want to do."

At our last inspection we found that there were gaps in staff training and knowledge. The provider told us in their action plan that they were going to arrange training for staff in key areas such as, MCA, first aid, manual handling and food hygiene. This training had not been completed. The provider told us training had been arranged, then cancelled as not all staff were available to attend on the date arranged. They said this was now due to take place in January 2017 but they were unable to provide confirmation of this.

People were confident in staff ability to meet their needs. One person said, "I can't pick between them they are all very good." Another person said, "[Staff member's name] is very efficient." They went on to explain that they were very good on responding to their health needs. These views were echoed by a relative who said, "They (staff) are spot on." Another relative told us, "The staff are brilliant." We observed that staff knew the people needs well and were confident in their approach.

Staff told us they did not receive formal one to one meetings or appraisals but that they felt well supported in their role by both the provider and their colleagues. The provider lived at the home and formed part of the care team. Staff told us that they therefore had contact and discussions with the provider on a daily basis and felt able to ask them or their colleagues for guidance and support as needed. The provider told us they had regular discussions with staff about their support needs but that they did not document these. This did not impact on the people they were supporting as there was a stable staff team in place who knew their

needs well.

At out last inspection the provider had not ensured people's nutritional needs had been assessed or that they received adequate nutrition. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan telling us how they would make these improvements. They sent us an action plan to tell us what they were going to do. At this inspection we found that improvements had been made.

People's dietary needs were routinely assessed and were known by all the staff we spoke with. One staff member told us some people were living with diabetes and knew that they should follow a diabetic diet to maintain good health. They told us they advised people on healthy food options but respected their right to make unwise decisions. Where there were concerns about people's weight or health they monitored how much they were eating and drinking. They referred their concerns to the appropriate health care professionals such as the GP and the dietician. Records we looked at confirmed this.

People we spoke with were happy with the quantity and quality of food provided. One person told us there was always "plenty" of food and that it was always well presented. They had snacks in between meals if they wanted them. They said, "Where there is good food there is always room for a little more. It is good here." They went on to tell us all the staff cooked and that they were equally as good as each other. They said, "Not much goes back on my plate anyway." Another person told us, "We always have a good choice of vegetables. Yesterday's lunch was such a big one, I did not think I was going to get through it. We also had some small pancakes with our coffee and they were lovely." A relative confirmed their family member found the food was "very nice." A visiting health professional told us that people told them they loved the food because, "It's proper home cooked."

People told us they were not involved in developing menus but that staff knew their likes and dislikes. One person told us and we saw that they were offered alternatives if they did not like what was on offer. Staff told us they asked people what they wanted to eat or if they wanted an alternative to what was being offered.

People were able to access health care support when required. Three people told us that the district nurses visited them on a regular basis to monitor their health and complete blood tests. One person said, "If you feel poorly, you tell staff and they will get the doctor or nurses." A relative we spoke with felt staff were quick to respond to their family member's medical needs and their health had improved since being at the home. Another relative told us that staff always informed them if their family had been unwell and arranged the necessary health appointments. A visiting health care professional we spoke with told us that there was good communication between them and the staff at the home. As a result they had successfully worked with staff to better manage one person's continence. They found that staff requested support when appropriate and followed advice given.

Good

Is the service caring?

Our findings

At the last inspection the provider needed to make improvement to ensure people were kept warm and comfortable. At this inspection we found that improvements had been made. We saw that the provider had replaced further doors and windows, additional heaters were in place and they were monitoring the temperature within the home. When asked people told us they felt warm both in the lounge and in their bedrooms. One person told us, "I feel plenty warm enough." Staff we spoke with told us they felt the home was warmer since the doors and windows had been replaced and that they checked that people were kept warm.

People and their relatives felt that staff were caring and kind. One person told us, "The carers are very nice, all of them." They went on to tell us they found staff very helpful. They said, "[Staff member's name] is very willing and very sweet. They are lovely." Another person said, "[Staff's name] is nice. Well they all are." A relative we spoke with said, "The carers are fab, fantastic [two staff member's names] are warm, caring and so lovely." Another relative told us they found staff to be, "Absolutely superb, very nice and attentive." A visiting healthcare professional told us, "They [people] always seem so happy."

We observed that staff had built caring relationships with people. One person said staff would sit and talk with them when they were not too busy. Staff showed people respect and spoke fondly of them. One staff member said, "I love it ever since I came her. I just love talking with people." They explained that they enjoyed talking with the people about the past such as, when they were put on rations during the war years. Another staff member explained that when new people moved in they sat and talked with them to reassure them. They asked relatives to bring in personal items so the move was not so daunting for them and helped them settle in. We saw that people's rooms were personalised with family photographs and reminders of people's past lives.

People told us they were involved in decisions about their care and given choice. One person told us they were able to get up and go to bed when they wished. People could make decisions about the personal care they received including when to have a bath. Staff recognised the diversity of people living at the home. One staff member told us they provided individualised support to people to ensure their needs were met and they were happy. They said, "We treat them as a person and not a number." Another staff member said, "Everyone is different, they don't all like things done the same way." They explained that they always talked with people and gave them choices. If people had hearing difficulties they gave them eye contact and talked clearly. If they still could not hear they would write it down for them.

People told us staff treated them with respect and took care to ensure their dignity was maintained. One staff member told us they protected people's dignity by ensuring that doors and curtains were kept closed when supporting them with personal care. Another staff member told us they were mindful of their tone of voice and how they spoke with people when supporting them with their personal care needs. They felt it was important to put people at ease and to "Let people know you are there to help them." We observed that staff discreetly supported people with their personal care needs during our inspection.

Two people we spoke with told us they wished to remain as independent as possible and this was respected by staff. One person said, "I'm not one for ringing the bell if I can do it for myself. [Provider's name] tells me to use the bell if I need anything." One staff member told us, "If they [people] do not want support, we let them get on with it and tell them to ring the bell is they need any help."

Good

Is the service responsive?

Our findings

At our last inspection the provider needed to make improvements to ensure people were involved in planning their care and support. At this inspection we found that some improvements had been made but that further improvement was required. We found care plans were generic and lacked a person centred approach. This however, had not impacted on people's support as staff knew people and their preferences well. People had their needs assessed prior to moving into the home and they were asked their preferences for care delivery. One person told us, "I'll tell them (staff) how I like things done." One relative we spoke with said their family member was fully involved in their care planning and was asked about their preferences and routines. Another relative confirmed their family member was assessed by the provider when they were in hospital and everything was in place when they moved in. The deputy head of home told us they worked with people, their relatives and health professionals in developing people's care plans and risk assessments. These documents were developed further as people settled in and they got to know them and how they liked things to be done. We were shown that people's needs were regularly reviewed. Staff told us they were informed of or reported any changes during staff handover or as required.

People told us they were able to spend their time as they wished. Some people chose to spend time in their bedrooms reading, listening to the radio or doing puzzles. People told us they were supported to keep in touch with friends and relatives. One person said they sometimes joined in activities. They said, "They've [Provider's name] recently had a game thing on the television. I find that quite fun." On the first day of our inspection we saw people enjoying playing on a games console. There was lots of laughter and smiles. One person was initially reluctant to take part, staff provided gentle encouragement and the person agreed to give it a go. The person laughed and joked with staff as they explained and helped them play a game of their choice. We heard staff asking if people had enjoyed playing and explaining how the game provided them with exercise to keep them active.

Three people we spoke with told us they were limited in what they could do due to their health needs. They spent time talking with other people and staff. There was a cat in the communal area during our inspection and the people enjoyed showing it attention. One person told us the provider also had dogs which they liked to see. A visiting professional told us they often saw people stroking the pets on their laps. Staff told us they often sat and talked with people and played games with them. One staff member told us they thought that people may like to make cards for relatives for Christmas and was going to suggest this to the provider.

People told us had not had cause to complain but they felt able to approach staff or the provider should the need arise. One person said, "If I had a complaint I would tell [provider's name]." Another person told us, "[The provider] is always asking if I am alright, If I'm happy. If I wasn't I would tell them straight. It's the only way." The provider had a compliments and complaint box in place and had received compliments from relatives. However, the contacts on the complaints process remained incorrect since the last inspection. This was updated by the second day of our inspection. The provider told us they had not received any complaints since our last inspection. They told us they encouraged people and their relatives to voice any problems so that they could "nip it in the bud."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that there was weak leadership in the home that failed to give staff direction and recognise the needs of people who used the service. We also had concerns that there was lack of effective management systems including checks to monitor the quality and safety of the service and staff competency to fulfil their roles. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider also had not ensured that they had notified the Care Quality Commission (CQC) of two serious injuries that had occurred at the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We asked the provider to make improvements and to send us an action plan detailing how these would be achieved.

Although we found improvements had been made in some areas we found the provider had not completed all the improvements they said they would and had not met all their regulatory responsibilities. By law the provider must notify CQC of certain events, these are called statutory notifications. Two people had recently died at the home and CQC had not received any statutory notifications of these deaths. This meant the provider was not acting in accordance with the legal requirements.

This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

In their action plan the provider told us they would involve people and their relatives in decision making within the home and record minutes of those meetings, these meetings had not taken place.. The provider had also failed to complete the training they said they were going to arrange to address the gaps in their own and staff's knowledge. The provider confirmed they did not have a system in place for monitoring staff training and were not aware of what training staff had or had not completed. They were also unable to confirm their own training as they were unable to locate their records. Whilst this had not impacted on the people's care and support the provider was unable to demonstrate how they would respond to changes in people's needs.

We found the provider did not have effective quality assurance processes in place to monitor the quality and safety of the service and make required improvements. The provider was unable to demonstrate that they monitored staff practice and development. They did not record one to one discussions with staff .They told us they monitored staff competency in administering medicine but they did not keep any records of these assessments. We also found that the provider did not have any formal procedures in place to identify environmental hazards and actions taken to address them. For example, we saw that an electric cable had become exposed in one person's bedroom when their vanity unit had been replaced some months earlier but this had not been rectified. The provider committed to take prompt action to address the concerns raised.

We found that the provider was not aware of their legal duty under Regulation 20 Duty of Candour When asked about the understanding of the duty of candour the provider answered, "What is that?" Under the duty of candour the registered providers must be able to show evidence that robust systems and processes are in place to ensure that they meet the statutory duty of candour. Their was a lack of transparency in the

service where the provider was unable to provide us with written evidence of their oversight of service such as, the outcome of accidents.

We found that the provider's governance systems to be chaotic. Their policies and procedures were out of date and did not reflect current best practice. The provider had not submitted their provider information return (PIR) as requested. The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. They told us that had not completed as they struggled to use a computer apart from responding to emails. The provider did not understand or follow the requirements of their registration.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the provider had not displayed the most current inspection ratings at the home. When asked, the deputy head of home found these in the cupboard in the hallway. Providers are required to conspicuously display ratings at the home no later than 21 days after the report has been published on the CQC website.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they aimed to ensure people were happy living at the home. This was confirmed by staff we spoke with. One staff member said, "Since day one, their (provider's) main priority has been the care of the residents and making staff happy. I come to work happy and go home happy."

People found the provider and staff friendly and approachable. One person said, "You couldn't ask for a nicer person than the owner." They went on to say both the provider and the care staff were "lovely". Another said, "[Provider's name] is very helpful, they're there if you want them." A relative we spoke with told us the provider was a, "Very caring individual." They went on to tell us they were kept informed of any concerns. They felt able to contact them any time day or night and there were no issues at all. However, one relative told us they found the provider was sometimes abrupt and they were not always informed of concerns about their family member in a timely manner.

The provider told us they maintained links with the local community with visits from the vicar of the local church who came in four to five times a year to do Holy Communion. Not all people wanted to take part in the service and their choice was respected. On the second day of our visit we saw that the hairdresser was present and offered people support with their hair care.

Staff felt well supported by the provider and other staff. One staff member told us, "[Provider's name] has a lovely approach, I can talk to them about anything. They are down to earth and will listen. If I have any problems, I can go to them." They went on to tell us the staff team were there for each other and together sorted out any issues or problems that arose. Staff and the provider told us that they had discussions about people living at the home but these were not recorded. Staff told us they would report any concerns of poor practice to the provider and also knew they could report concerns to CQC.

The provider told us they kept up to date with best practice through professional care journals they subscribed to. They were also a member of a local training facility that sent them emails about care practice.

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	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The provider had not notified the Commission without delay of the deaths of two people who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes in place to drive improvements in the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider did not ensure that the latest inspection ratings were conspicuously displayed at the home.