HC-One Limited

Ash Grange Nursing Home

Inspection report

80 Valley Road
Bloxwich
Walsall
West Midlands
WS3 3ER

Tel: 01922408484
Website: www.hc-one.co.uk/homes/ash-grange/

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 21 July 2016 and was unannounced. We last inspected this home on 22 and 24 April 2015, where we found the provider was meeting the regulations.

Ash Grange provides nursing and personal care for up to 42 older people, including people who have dementia. Whilst most people live there permanently, the service also provides care to people on a short term basis when they are discharged from hospital. At the time of our visit there were 41 people living at the service. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was not always enough staff to meet people's needs in a timely manner. People told us they felt safe. Staff we spoke with were aware of their responsibilities to report any concerns of potential abuse. Risks to people had been assessed and appropriate equipment was available for staff to use. People told us they received their medicines safely. Staff responsible for administering medicines had received relevant training. The provider had safe processes in place to recruit new staff and carried out appropriate pre-employment checks. Staff undertook training to ensure they were able to carry out their role effectively.

Staff obtained consent from people before they provided care. Staff understood people's choices and decisions when supporting them. People told us they were supported to eat and drink sufficiently. People had access to other health care professionals to ensure their healthcare needs were met. People told us they were involved in the planning and review of their care. However records did not always contain specific information and guidance for staff to refer to.

People said staff were kind, caring and treated people with dignity and respect. People were involved in group or individual social activities to prevent them becoming isolated. Staff supported people's independence. People felt listened to and were involved in giving feedback about the quality of the service. People and relatives were confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly.

People and relatives felt the home was well managed and staff understood their roles and responsibilities. The provider had management systems in place to assess and monitor the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

At times people were kept waiting for their care needs to be met. People felt safe and were able to talk to staff about any concerns. Staff understood their responsibility to identify and report abuse to protect people from harm. Risks to people were assessed and managed appropriately. Systems were in place to ensure people received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People received care from staff that were knowledgeable and had the skills to meet their needs. People's rights and choices were protected. People were supported to have sufficient to eat and drink and had access to health care professionals when required

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and who provided care in a respectful and dignified manner. People were involved in decisions about their care and staff took into account people's preferences. People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and review of their care. People were supported to pursue their interests and hobbies within the home. People were supported to maintain relationships with family and friends. People and their relatives felt listened to and knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People and relatives were complimentary about the registered manager. There were clear systems of leadership in place and staff understood their roles and responsibilities. People and staff were involved in giving feedback about the service. There were systems in place to monitor the quality of the service and where issues were identified action had been taken to address concerns.

Ash Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 21July 2016 and was unannounced. The inspection team consisted of one inspector, one specialist nurse advisor who was a general nurse 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. During the inspection we carried out observations of the support and care people received in the communal areas of the home. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

When planning the inspection we looked at information we held about the home. A Provider Information Return (PIR) was requested. This was completed and returned to us. The PIR is a form that asks the provider to give some key information. For example, what the home does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications which the provider is required to send us by law. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the home. We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus on in the planning of the inspection. We used the information we had gathered to plan the inspection.

During the inspection we spoke with seven people who use the service, six relatives or visitors, eight members of staff, the registered manager and a visiting healthcare professional. We reviewed a range of records about people's care and how the service was managed. These included reviewing five people's care records, four staff files and forty-one people's medicine records. We also looked at a variety of records used for the management of the service which included records used for monitoring the quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

People and relatives had mixed views on whether there were enough staff available to meet people's needs in a timely manner. One person told us, "There are enough staff to care for people if they [staff] are all working and no one is off sick. Otherwise it's very busy and you might have to wait especially at the weekend." Another person said, "I think there are enough staff, it is a very busy home and people have to wait at times." A relative commented, "Sometimes there are not enough staff, it's so very busy and people might have to wait. The staff will check people are okay though." On one occasion we were asked by a person who was distressed to call a member of staff when their call bell was not answered. We found a member of staff who responded to the person's needs. Another person told us, "I have to keep asking for help and they don't turn up when I use the call bell. I'm kept waiting for 10-15 minutes before they come." Other people told us their call bells were answered and normally they waited a few minutes for someone to respond but if staff were busy it could be longer. Staff we spoke with said unplanned staff absences were covered between the existing staff on shift which sometimes meant people had to wait longer for their care needs to be met.

During the inspection we saw there were short periods of time when people were left unsupervised in the communal areas of the home; and at times people waited for periods up to ten minutes for their needs to be met. For example with personal care. The home had five beds which were used by people on a short stay basis when they were discharged from hospital. This meant that there were periods of time when staff were reviewing the needs of people and they were not readily available; this could impact on how quickly staff were able to respond to other people's needs. We discussed staffing levels with the registered manager. They said there had been some changes in staffing since the last inspection and new staff had been appointed. They also explained the provider had recently introduced a nursing assistant training programme for care staff. These staff completed nursing tasks such as administering medicines. This enabled qualified nursing staff to support people with other health care needs. We saw the provider used a dependency tool to determine the number of staff required to meet people's needs and this reflected the number of staff on duty within the home. The Provider Information Return (PIR) stated staffing levels were assessed and reviewed regularly by both the registered manager and operational manager. This was to ensure people were supported by the appropriate number of staff with the appropriate mix of skills to ensure people remained safe. Although we saw staffing levels were reviewed regularly by the provider and actions taken to provide care staff with additional skills; we found improvement was still required to ensure people's needs were met in a timely manner.

Staff we spoke with understood how to protect people where there was a risk such as fragile skin or with people's mobility. They told us risks to people's safety were assessed and equipment was available for staff to use. We saw two members of staff using equipment to move a person from a wheelchair to their chair; we saw this was done safely. However, records we looked at did not always reflect people's level of risk because information had not been updated when people's needs changed. For example, we saw one person's turning chart had not been updated which resulted in confusing information being available to staff. Staff we spoke with understood the person's current needs and therefore were supporting them appropriately. However there was a risk that without correct written guidance available people could be at risk of not

receiving the right care or support.

Staff we spoke with were aware of the importance of reporting and recording incidents, accidents and falls. We saw these were reported appropriately and action was taken by the registered manager to ensure people were safe. For example, completing 24 hour observational charts to monitor a person's health following a fall or accident and where appropriate providing equipment such as sensory mats to kept people safe.

People told us they felt safe with the staff that supported them. They said they would speak with the staff or registered manager if they had any concerns about their safety. One person told us, "I feel safe, I am well looked after by the staff and [the building] is secure." Another person said, "Yes I feel safe there are people about." One relative commented, "I am here a lot, people are safe, I don't have any concerns about the home or care [person's name] receives." Staff we spoke with were all able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and the actions they might take to reduce the risk of abuse. Staff said they had received relevant training and understood their responsibility to report any concerns and who to report these to. One staff member said, "Abuse is when people are neglected or put at risk of harm such as physical, sexual or financial. I would go and tell the manager, if I didn't think anything was being done I would whistle-blow." Another member of staff told us, "If I suspected [abuse or harm] I would report it straight away to the registered manager." Staff said they had confidence in the registered manager and felt they would listen and act on any concerns raised. The registered manager had a good understanding of their responsibilities to keep people safe. Records showed that they understood their responsibility to refer any allegations of abuse or harm to the local safeguarding authority.

Staff told us recruitment checks were undertaken before they started working at the home. One member of staff said, "I had an interview and a number of checks were completed before I started to work here." Records we looked at confirmed this. Appropriate pre-employment checks had been obtained before employment commenced. This included references from previous employers, proof of registration with the Nursing and Midwifery Council (NMC) for registered nurses and Disclosure and Barring Service (DBS) checks for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being recruited.

We looked to see whether medicines were managed safely by the provider. One person told us, "I get my medicines when I need them. I have no concerns." Staff we spoke with said that they felt confident administering medicines. One staff member said, "I feel confident to give medicines, I have had my competency checked." We looked at how people were given their medicines by staff. We saw there were systems in place to ensure people received their medicines as prescribed and in a safe way. For example, we observed a staff member stayed with a person whilst they took their medicines and offer them a drink to help them with swallowing. We saw they signed the medicine records once they had confirmed the medicines had been taken. We asked staff about 'as required' medicines and they demonstrated that they understood when these medicines should be given to people. We reviewed Medicine Administration Records (MAR) and saw that they were completed accurately. Medicines that were received into the home were stored and disposed of safely. This meant systems were in place to ensure people received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People we spoke with said staff had the right skills to meet their needs. One person said, "Staff know what they are doing they are well trained." A relative commented, "Staff know how to look after [person's name] they are trained." Staff we spoke with told us they were confident in providing the appropriate care and support to people. They said they had the knowledge and experience to meet people's needs and had access to training as required to meet individual needs. The registered manager told us about a nursing assistant programme which had been developed by the provider. Staff undertaking the programme explained they were completing additional training in medicines and other areas of nursing care such as wound care to support qualified nursing staff with their duties. They told us they had their competencies checked prior to providing care on their own and referred any concerns to the registered nurse on duty. This ensured people's health needs were being met. All staff we spoke with demonstrated an understanding of support needs and knew how to respond to these appropriately. This meant staff were being supported by the provider to obtain the relevant skills and develop their knowledge to support people with their care needs.

One staff member told us about their induction into their job role. They said that they had worked alongside other experienced staff which helped them to become confident in their role and familiar with people's needs. Staff we spoke with told us they had regular one to one meetings with their manager and attended staff meetings. They said these provided the opportunity to discuss their own development needs along with the needs of the people they cared for. A member of staff said, "I have regular supervisions and the registered manager is always about the home if you need to ask anything. Meeting are good they are open and transparent, I feel confident to discuss any issues I might have." Another member of staff commented, "Supervisions are regular and the manager is always available." Staff told us they received handovers before they started each shift. They said these ensured they were kept up to date with how to meet people's specific care needs.

Some people living at the home may not have the capacity to consent or contribute to decisions about their care. We saw how staff sought people's consent before providing them with care and support. We observed staff supporting people to make their own decisions and choices as far as possible. One person told us, "Staff ask you and check first before providing care." We asked staff how they would seek consent from a person who was unable to verbally express their needs. One staff member said, "I watch for facial expressions or observe their body language. You get to know people well and what their expressions mean."

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. We checked whether the home was working within the principles of the MCA and found that it was. Where people did not have capacity the registered manager had made sure any decisions were made in a person's best interest and in consultation with them and their representatives.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of DoLS and said that where people did not have capacity they considered if restrictions were required to keep people safe. Where this was applicable, applications had been completed and submitted to the local authority. Staff we spoke with were aware of how the DoLS affected people's liberty and were following the conditions that were agreed, ensuring that any restriction was only used when needed. We observed people's movements around the home were not restricted as their mobility aids were placed within their reach and they were able to move about freely.

People were supported to eat and drink enough and to maintain a balanced diet. One person said, "Food is very good, I enjoyed my breakfast and we have a good choice of meals here." Another person said, "Food's ok here." We saw throughout the day hot and cold drinks were offered to people. We observed mealtime and saw food was provided that was appropriate to people's needs and choice. People were able to choose to have their meal in the dining room or other areas of the home if they preferred. We saw staff assisted people with their meals where required and offered encouragement to others to eat their meals independently. We saw one member of staff offer to cut a person's food into smaller pieces to enable them to feed themselves. Mealtimes were relaxed and staff supported people at a pace suitable to the person. Staff offered a choice of drinks frequently and checked with people if they were enjoying their meal. Staff we spoke with were able to explain people's individual dietary requirements and preferences, and when people had specific dietary requirements, how those needs were met. For example, a diabetic diet.

People told us they were seen by a doctor and other health care professional when required. One person said, "If you need to see a doctor they [staff] get one." A relative told us, "[Person's name] had a loose tooth, They [staff] organised a dentist." Relatives we spoke with had no concerns about people's health needs not being met or about how they were supported by staff at the home. One relative said, "If there are any problems they [staff] phone me straight away." We looked at people's health care records and saw referrals had been made where concerns had been identified about people's health needs. Guidance given by health care professionals such as speech and language therapist (SALT) were recorded in people's records for staff to refer to. One healthcare professional we spoke with told us they did not have any concerns with the care provided at the home.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said, "Staff are very caring, they listen to what you say, and they are kind." A relative commented, "Staff are kind and care for [person's name]." We saw staff assisted and supported people in a compassionate way; staff spent time talking and listening to people. On a number of occasions we saw staff providing re-assurance and encouragement to people while completing care tasks. For example, while supporting people with their mobility. People and their relatives told us staff were approachable and friendly, one person said, "They [staff] are often very busy but nothing is too much trouble for them, they are very good."

People were supported to make day to day choices and decisions. One person told us, "I am involved in all decisions, I make choices about what time I want to get up and go to bed and I choose what clothes I wear each day." Another person told us, "I make my own choices I choose what I want to do each day." Staff communicated with people using different methods such as talking to people at eye level or talking to people slowly to ensure understanding. Staff told us they enjoyed supporting people who lived at the home and they had a good knowledge about people's individual needs, choices and personal circumstances. We saw people were supported to express their views and be involved as much as possible in making decisions about their care and treatment. People we spoke with said that they felt they were listened to and were able to say how they wanted their care provided. Family members we spoke with told us staff kept them up to date with their relatives care needs. One relative said, "They [staff] keep you informed and you can ask and they keep you up to date with everything."

People told us they were supported to be as independent as possible and encouraged to do as much for themselves as they were able to do. One person told us, "They [staff] support me when I need it." We observed at mealtimes people had appropriate cutlery and aids to help promote their independence.

People we spoke with told us their dignity and privacy was promoted and respected by staff. One person said, "They [staff] treat you with respect, they are very good here, they will knock on the door before entering your room and are polite." Some people required hoisting to move from one chair to another. We saw one person was wearing a dress which was above the knees. The staff member covered the person's legs to protect their dignity. Staff we spoke with were able to provide us with examples of how they protected people's dignity. For example, closing doors when providing care and speaking to people respectfully using words that they understood.

Good

Is the service responsive?

Our findings

People we spoke with said they received the care and support they required and were happy with the way staff supported them. People and their relatives told us when they came to live at the home staff discussed with them their needs and planned their care with them. One person said, "I was involved in developing my care plan when I came here they [staff] keep me and my family involved." One relative told us, "[They] staff are always up to date and keep me informed." Staff we spoke with told us they knew people's needs well. They were able to explain to us people's individual health needs and how people preferred their care to be given. We saw where people were at risk of fragile skin staff monitored this and ensured they were re-positioned regularly to protect their skin. Information about people's changing care or support needs was shared with staff at shift handover or impromptu meetings if required. This ensured staff were meeting peoples care needs appropriately. We looked at five people's care records and saw that people's needs had been assessed and detailed the support they required. However we found the information recorded was often inconsistent and did not always reflect people's current care needs. For example one person who we were told had fragile skin did not have a care plan in place. Although people had not been harmed and information was shared at handover meetings in the absence of up to date records there was a risk that people could receive inconsistent care

We asked people what interested them and what they enjoyed doing during the day. One person told us, "Activities here are very good. We go out and there are entertainers who visit, coffee mornings are organised, all-sorts going on." Another person said, "I went out yesterday to another home's garden party, there is always things going on here." A third person said, "We go out on trips like to the black country museum, we have singers and celebrate the special days. We also have games and quizzes." People told us two activities staff were employed by the provider and they arranged a number of different activities each week to accommodate peoples varied interests. For example, church services, tea parties, pampering sessions and eating out. People also told us about individual activities they undertook for example spending time talking and reminiscing with staff which they enjoyed.

People were supported to maintain relationships with family members. Everyone we spoke with told us they could visit the home any time and were made to feel welcome. One relative said, "You can visit anytime they do have a protected meal time policy but if I can I will help [person's name] with their meal. I am always made to feel welcome by the staff." Another relative said, "The first thing [registered manager] says when I come in is help yourself to tea. They [staff] do make you feel welcome." A member of staff told us, "Families can visit anytime they are welcomed." One relative told us they chose to sit with their relative in the lounge area of the home but said they could see their family member in the privacy of their own room if they wished. This demonstrated people were supported to maintain relationships with their families and friends.

People told us they were able to feedback their views about the service they received. We saw regular meetings had been arranged throughout the year although attendance by relatives had been limited. People and relatives told us information was displayed on a notice board for people to see. A monthly newsletter was produced for people to look through and to be kept up to date with current and future events at the home. This kept people up to date with events that were taking place at the home.

People and their relatives told us they felt confident to raise any concerns with staff or the registered manager. One person said, "I've got no concerns but if I did I would speak to [registered manager] they would sort things out." A relative told us, "If I had any concerns or problems I would speak with the manager." Staff were able to explain how they would deal with any concerns or complaints. They said they would inform the registered manager and felt confident concerns would be investigated. One member of staff commented, "The registered manager would deal with any complaints or concerns." We saw the provider had a complaints policy in place along with a tablet computer in the reception area for people and visitors to log any concerns. The provider's complaints guidance, offering advice to people on how to make a complaint was also available. We looked at the complaints log and saw that although there were no recent complaints previous complaints had been investigated and responded to appropriately. This showed that people knew how to complain and the provider did respond to any issues raised.

Good

Is the service well-led?

Our findings

Information supplied by the provider as part of the Provider Information Return (PIR) was consistent with what we observed and found within the home. We saw the provider had systems in place to monitor the quality of the service provision. The registered manager completed a number of quality checks to ensure the service ensured people who lived at the home were safe and care was effective. For example, we saw audits were completed of falls, medicines and environmental checks. The provider had processes in place to review trends and themes in order to measure the quality of care provided to people using the service. Where areas of improvement were identified, action plans were produced that were used to improve the quality of care for people living at the home. While we did find some areas where improvement was required such as with recording of information for example, turning charts; the registered manager acted straight away to address these concerns.

People and their relatives told us they felt the home was well-managed and the culture of the home was open and transparent. One person said, "The registered manager is always about the home. I am happy here; I think it is managed well. They [registered manager], know what they are doing. " A relative said, "I know the manager. He's very friendly and approachable." Everyone said they could approach the registered manager at any time. One member of staff said, "[Registered manager] is always available and approachable, they sort things out." People told us they felt involved in the home and that their opinions mattered. One person told us about regular resident's meetings that occurred. They told us they had requested new chairs and tables and these had been provided straight away.

There was a clear management structure in place and staff knew who to go to if they had any issues. People received care from a consistent staff group which meant that people were familiar with them and they knew people's needs well. Staff were aware of their roles and responsibilities and felt that they had enough support and training to do their job. Staff told us they received regular one to one meetings, appraisals and attended staff meetings which provided them with the opportunity to share information or concerns. Staff demonstrated an awareness of the provider's whistle-blowing policy should they wish to raise any concerns where they thought people were at risk of receiving unsafe care. Whistle-blowing means raising a concern about a wrong-doing within an organisation. The registered manager was at the home on a day to day basis. They demonstrated a good knowledge of their responsibilities including the individual needs of the people living there, staff members and their responsibilities as the registered manager. They had a history of meeting legal requirements and notifying CQC about any events that they are required to do so by law. For example, serious injuries. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by the law.