

Imperial Midlands Limited

# Ashfields Residential Care Home

## Inspection report

Ash Lane  
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Derby  
Derbyshire  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place on 21 December 2015.

There was a registered manager in post. 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.

At our last inspection on the 13 and 15 August 2013 we found the provider was not meeting all of the standards we inspected. At that time we had concerns about the care and welfare of people, the arrangements for

# Summary of findings

safeguarding people from harm and the way staff were supported to fulfil their role. The provider submitted an action plan to us detailing how they would achieve the required improvements. At this inspection, we saw that the required improvements had been made. We identified some concerns about the number of staff available to meet people's needs and the reporting of safeguarding concerns.

Staff knew how to protect people from harm but had not recognised that some incidents should have been reported to the local safeguarding authority, to ensure people were fully protected. The number of staff available was not determined by the needs of people and we found that at times there were insufficient staff to care for people safely. The registered manager was monitoring the quality of the service but was not identifying trends and patterns in incidents.

People were provided with a choice of suitable food and were encouraged to take adequate fluids to support their health. People's health and wellbeing needs were regularly monitored and when necessary people received additional support from health care professionals.

Staff received support to improve their skills and knowledge to care for people. People were happy with the management of the home and staff felt well supported.

We saw that people were routinely asked for their consent before their care was provided. When people lacked the capacity to make decisions for themselves we saw that staff supported them in line with the requirements of the Mental Capacity Act 2005.

People were treated kindly by staff and their rights to privacy and dignity were recognised and maintained. Staff recognised people's individuality and provided care which met their preferences. People were encouraged and supported to maintain the relationships which were important to them.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. There were at times, insufficient staff available to keep people safe. Staff had not recognised safeguarding concerns and reported, as required to the relevant external agencies. People's prescribed medicines were well managed. There were suitable recruitment processes in place.

Requires improvement



### Is the service effective?

The service was effective. People received nutritious food and plentiful drinks to maintain their health and wellbeing. Staff had received effective training to care for people. Staff understood the support people required to comply with requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were arrangements in place to involve health care professionals in people's care.

Good



### Is the service caring?

The service was caring. People were treated with kindness, patience and compassion. Staff respected people's individuality and supported them to make choices about their care. Staff promoted people's privacy and supported them to maintain their dignity.

Good



### Is the service responsive?

The service was responsive. Staff provided people with the care they preferred because they knew their likes and dislikes. People were offered opportunities to socialise together or on a one-to-one basis. People's diversity was recognised. People felt supported to raise their concerns with the registered manager.

Good



### Is the service well-led?

The service was not consistently well-led. There were no arrangements in place to match the level of staff available with people's needs. There was an audit programme in place to monitor the quality of the service but the information was not used to identify trends. Staff felt well supported by the registered manager.

Requires improvement



# Ashfields Residential 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 21 December 2015 and was unannounced. The inspection was undertaken by one inspector. There were 19 people living in the home at the time of our inspection.

We looked at the information we held about the service and the provider, including the notifications they had sent us about significant events at the home. We spoke with five people who used the service, one relative, two members of the care staff and the registered manager. We did this to gain views about the care and to ensure that the required standards were being met.

Some of the people living in the home were unable to speak with us about the care and support they received. We observed the care in communal areas to understand people’s experience of care. We looked at the care records for three people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks, training records, three recruitment files and staff rotas.

# Is the service safe?

## Our findings

The number of staff available did not reflect people's level of dependency or the support they required. People we spoke with told us, "They can be a bit short when it's busy". A member of staff told us, "We can be short sometimes". We saw there were times when the number of staff available impacted on the safety of people. Some people, because of their risk of falls, had been provided with seat sensors to alert staff when they got out of their chairs. We saw a member of staff was occupied with a person who presented with behaviour that challenged when another person who was at risk of falling left their chair. At the same time another person fell. There was only one member of staff in the communal room and they were unable to successfully summon other staff until we intervened. We saw some people required constant support and supervision from staff but the increase in people's support needs had not triggered a review of the number of staff required. A member of staff told us, "We are providing one-to-one support but without any extra support. It's not fair on the other people".

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people who used the service presented with behaviour that challenged their safety and that of others. We saw that this had an adverse effect on other people and saw that it was necessary for staff to intervene to protect people. We read that on five occasions in the same month other people were affected when they were involved in incidents. Staff had recorded the actions they had taken to keep people safe however they had not recognised that some of the incidents should have been reported to the safeguarding authority to ensure people were fully protected. This demonstrated that the necessary referral was not always made to safeguard people.

People's risks associated with their care had been assessed and there were management plans in place to ensure, for example, that people were moved in the correct and safest manner. We saw that people were moved this was done safely and in line with their risk assessment. One person

told us, "Two members of staff need to move me and they never try it with less". A relative told us, "My [the person who used the service] needs to be moved with specialised equipment. They don't like it much but the staff know what they're doing and they reassure them all the time".

We saw that people received their prescribed medicines safely. One person told us, "I get my tablets when I expect them. They're good at noticing if you're in pain and if the tablets don't work they contact the Dr for you". We observed that staff took time with people when they were administering their medicines and ensured they had all been taken before leaving them. One member of staff said, "Do you mind if I stay with you whilst you take them?" Staff told us there were checks on the competency to administer medicines correctly. One member of staff said, "We have our competency [to administer medicines] checked on a regular basis". We saw that the medicines were stored correctly and securely and there were checks in place to ensure staff recorded the medicines accurately.

Staff told us there were arrangements in place to ensure new staff were suitable to work with people. One member of staff told us, "I had an interview and had to provide information about my past work experience. I had to wait until my references and security check came back before I was able to start work". We looked at the recruitment records for three members of staff and saw that the checking process had been completed for them all before they were able to start working in the home.

There were arrangements in place to maintain the home and keep the equipment in good order. We saw there were frequent checks in place and when these identified a problem, action was taken in a timely manner. For example, we saw that when staff had reported a problem with the weighing skills, they were repaired the following day. One person told us, "The maintenance man is really kind and helpful. You only have to suggest something and he sorts it out for you". People's ability to evacuate the building in an emergency had been assessed and their personal emergency evacuation plans provided up to date information about the support people would need.

# Is the service effective?

## Our findings

People told us the staff knew how to care for them. One person said, “They do know what they’re doing. They know how to look after me”. A member of staff told us, “We get training and regular updates to jog your memory. Some of the training is done in a group and some by distance learning”. Another member of staff told us about their dementia training and said, “It made me realise how people feel”. New members of staff followed an induction programme when they joined the staff. One member of staff told us, “I had several years of experience but I still had the same induction time as others. I shadowed staff who’d been here longer which made sure I understood their way of doing things.

Staff told us they felt well supported to fulfil their role. One member of staff told us, “We have regular one to one supervision sessions and a yearly appraisal. We can talk about whatever we want during our supervision. Anything that’s worrying me, training, how well I’m doing”. Another member of staff said, “I had my appraisal the other day and we talked about me doing more training.

People told us the food was good and plentiful. One person said, “The food is delicious”. Another person said, “We have a choice but if you don’t want what’s on offer, they will accommodate you. The chef will rustle up something else for you”. We saw that most people ate together in the dining room and we heard them chatting amongst themselves and to the staff who were providing support. We heard laughter between the staff and people when one member of staff was unable to pronounce one of the pudding choices. People who needed to be supported during their meal received kind and patient attention from

staff. We saw people were encouraged to eat at their own pace and given time to savour their food. This demonstrated that people were supported to enjoy their food in a sociable and unhurried manner.

We saw that staff gained consent from people before providing care. People told us they were encouraged to make everyday choices for themselves. One person told us, “They always ask you what you want to do. They insist on you doing what you want and not what’s right for them”. We saw that when people lacked the ability to make important decisions for themselves their capacity had been assessed and decisions were made in their best interests. 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.

Some people who used the service were being deprived of their liberty because they would not be safe to leave the home without the company of staff. 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. We saw that the required applications had been made to ensure people were not restricted unlawfully.

People told us that the staff were attentive to their health needs. One person said, “They’re good at noticing if you’re not well and get the doctor. The doctor’s been to see me here several times”. A relative told us, “The staff are sorting out a new hearing aid for [the person who used the service]”. The care plans we looked at provided information on the range of health care professionals people had regular access to, to support their health and wellbeing.

# Is the service caring?

## Our findings

People told us the staff were kind to them. One person said, “You can’t fault them. They’re very good, very kind”. We saw that staff spoke with people in a caring and considerate manner. One person, after receiving support from staff said, “Thank you for being so kind and caring to me”. Staff offered frequent gestures of support, for example holding a person’s hand whilst they chatted. We saw staff checking people’s welfare and asking them if they were okay. One person told us, “They’re always very concerned about people”.

People told us the staff were patient with them. One person told us, “They are so patient”. We heard staff responding patiently and consistently to people when they repeated requests and questions to them. One person said, “Some people could fall out with themselves but the staff are very good with them”. We heard light hearted banter between people and staff. One person said, “Look at their happy smiling faces, you can have a joke with them”.

Staff promoted people’s privacy and dignity. People told us the staff supported them to do what they wanted. One person said, “You can go back to your room if you want privacy. I did that yesterday”. We saw that when staff offered care, the person’s dignity was promoted. Staff

spoke discreetly with people and responded to their requests for personal care promptly. One person told us, “The staff are very discreet. They don’t let everyone know what you want”. We saw that staff routinely knocked on people’s bedroom doors and checked that bathrooms were not occupied before entering. One person told us, “They knock on my door every time. I’ve never known them not to knock”.

People were encouraged to maintain their independence. We saw that staff offered help and support but allowed people to do as much as they could for themselves. One person told us, “I need the staff to help me because I can’t walk alone but they always say, ‘we’re here to help you, just tell us what you want us to do’”.

People were supported to maintain their important relationships with family and friends. A relative told us, “The staff are very welcoming. I visit regularly and they always offer me a drink when I come to visit”. Some people were living in the home as a couple. We saw that staff supported them to maintain their relationship and kept them updated about their wellbeing. One person told us, “The staff helped me make a Christmas card yesterday. They liked it, I told [the person who used the service] that it was homemade. It was a nice thought, very nicely done”.

# Is the service responsive?

## Our findings

People were asked about their preferences for care. One person told us, “They know what I like”. A relative told us, “The staff get on well with [the person who used the service] and know what they do and don’t like”. The care plans we looked at contained information about people’s past lives, social history and how their current health affected their ability to make choices. Staff demonstrated a good knowledge about people and understood their likes and dislikes. One member of staff said, “We can read the care plans anytime”. We saw the care plans were reviewed on a regular basis to ensure they continued to meet people’s needs.

There were arrangements in place to ensure staff were updated about people on a daily basis. A member of staff told us, “We have a handover meeting at each shift change and we get a written copy too”. We observed the handover meeting and heard that information was provided about each person, how they had spent their day, their wellbeing and how much they had eaten. One person had not eaten their lunchtime meal and staff had communicated this during the handover. Staff were asked to encourage the person to eat frequent snacks during the afternoon and have milky drinks. Following the handover meeting we saw staff supported the person as requested. This demonstrated that there were arrangements in place to pass on important information.

We have a member of staff based in the communal living room who spends time with people and we have external entertainers as well”. People we spoke with said they were happy with the arrangements. We saw a member of staff reading a book with one person and another member of staff helping people to open and read their Christmas cards. One person said, “There’s enough going on for me”. Another person said, “We have someone who comes in and plays musical instruments and we have a sing-a-long. It’s very good and the person appreciates you joining in”. A relative told us, “During the summer people planted up some pots of flowers”.

People’s diversity was recognised and there were arrangements in place for them to attend religious services, if they wanted to, within the home. One person said, “We had a carol service the other day. It was lovely”. Other people told us there were arrangements in place for them to attend services of their choice.

People told us they would raise any concerns directly with the registered manager. One person said, “I don’t have any complaints but if I did I’d talk to the head. I’ve always found her very nice”. A relative told us, “I’d be happy to raise concerns. The manager would sort it out”. We saw there was a complaints process in place to ensure any concerns raised were investigated and responded to within a timely manner. No complaints had been received since our last inspection.



# Is the service well-led?

## Our findings

The registered manager had implemented an audit programme to monitor the quality of the service and told us they had identified several areas which required improvement. The information from the audit programme was not used to identify trends. For example, when falls had occurred there was no indication to demonstrate if the prevalence increased at certain times of the day. Identifying trends and patterns is a useful way to plan staffing levels to cover times when there may be an increased risk to people.

Everyone we spoke with was happy with the management of the home. One person told us, "The manager's very good with us and visitors. She's very understanding". A relative told us, "I'm quite happy with the manager. You can always have a chat with her". The registered manager told us they did not provide meetings for the people who used the service or their relatives. They said, "We have tried having meetings but no one comes. I therefore offer an open door approach. Everyone has my mobile number and I don't switch it off even when I'm on leave. People know they can contact me at any time". One person told us, "We don't

have meetings but I'd go to the manager if I wanted anything. She will try her hardest to get what you want". A relative told us, "The manager's always around when I come in so I'm happy to chat with her then".

We saw that there was an annual satisfaction survey to provide relatives with an opportunity to share their comments about aspects of the home and what improvements they would like to see in the future. We read that a common theme in the responses was the lack of a private area for visitors to meet with people who used the service. The provider had noted the comments and the registered manager told us that plans had been drawn up and quotes were being obtained. One relative told us, "it would be good to have some privacy sometimes".

Staff told us they felt well supported. One member of staff said, "I think we're managed well. The manager is very approachable". Another member of staff told us, "We can speak to the manager at any time. She is definitely the first port of call". Staff told us they had regular meetings and received updates about recruitment of new staff and their own responsibilities. One member of staff said, "We've had three meetings in the last five months. I definitely feel we're listened to".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People who use services and others were not protected because there were not a sufficient number of suitably qualified, competent, skilled and experienced staff. Regulation 18 (1)