Ashdene Sleaford Limited

Ashdene Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 23 August 2017 and was unannounced. At our last inspection the overall rating for Ashdene Care Home was 'requires improvement'. Ashdene Care Home provides care for people who are living with dementia. It provides accommodation for up to 41 people who require personal and nursing care. The service provides care on two storeys. At the time of our inspection there were 40 people living at the home.

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.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered safely however they were not consistently managed safely.

We saw that staff obtained people's consent before providing care to them. Where people could not consent, assessments to ensure decisions were made in people's best interest had not been consistently completed. This issue had been identified at our previous inspection and the provider had failed to fully address the issue.There was a breach of Regulation 11. You can see what action we told the provider to take at the back of the full version of the report.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There was sufficient staff available to meet people's needs. Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. People were treated with respect.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place. Staff had received regular supervision and appraisals People were provided access to a range of leisure and social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising

concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. However the provider had failed to identify the issues we identified at our inspection regarding medicines. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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 not consistently safe.

Medicines were administered safely. Systems were not always in place for the safe management of medicines.

Risk assessments were completed.

There was sufficient staff available to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not act in accordance with the Mental Capacity Act 2005.

Staff had received regular supervision.

Staff had received training to support them to meet the needs of people who used the service.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring

People had their dignity considered.

Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care records were personalised.

People had access to a range of activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Issues raised at the previous inspection had not been fully addressed.

There were systems and processes in place to check the quality of care and improve the service, however these had not identified the issues raised at this inspection.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

Ashdene 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 23 August 2017 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies when making our judgements.

During our inspection we spoke with the registered manager, the provider, a volunteer and three members of care staff. We also spoke with a visiting professional, four people who used the service and two relatives. We looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We looked at 15 medicine administration records (MARs) for people who lived at the home. In six of the MARs we looked at we found occasions when medicines which were prescribed as regular medicines were treated as 'as required' (PRN). For example a person was prescribed a painkiller to be taken every six hours and records showed that the medicine had been offered as a PRN and recorded as not required. Where people were prescribed variable doses of medicine, for example, one or two to be taken, guidance was not in place to assist staff to decide whether people should have one or two. In addition it was not consistently clear from the record how many had been given. People were at risk of not receiving the prescribed dose.

Where people received their medicines without their knowledge (covertly) arrangements had not been consistently put in place to ensure this was in their best interests. Although discussions had taken place with other professionals and family members a capacity assessment had not always been carried out. There was a risk this method of administration was not appropriate for people.

Care plans for medicines included some of the information required to ensure PRN medicines were given appropriately. However we found the provider did not have protocols for PRN medicines consistently in place and easily available to staff when administering medicines. These are important because they indicate when these medicines are required and whether or not people could request and consent to having their medicines. People were asked if they wanted their PRN medicines during the medicine round.

The provider's medicine policy had not been updated in line with NICE national guidance. For example, it did not specify a pharmacist should be consulted as recommended by national guidance. The provider told us they would review their medicine policy.

We observed the medicine round. We saw that medicines were administered safely. We saw that the medicine administration sheets (MARS) had been fully completed. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "I feel safe. I used to have falls at home but no falls here. I have a bedside mat that lets people know if I get up at night. They always make sure I have plenty to drink." A volunteer told us, "Everyone is cared for individually. There is always someone at hand. I am never left alone in a room with anyone when I visit." During our inspection we observed people were responded to promptly. A relative said, "There is always someone available." People and relatives told us that they thought there was enough staff to provide safe care to people. They said they did not have to wait long for support and the response was usually very quick. We observed a staff member came within a few minutes to help a person who remained in bed during the day. Staff told us they thought there were sufficient staff available to meet people's needs. Arrangements were in place to ensure when staff were unavailable gaps were filled by staff who were familiar with the service and people who lived there. This helped to ensure people received consistent care from staff who understood their needs.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we identified the provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At this inspection we found the provider had still not fully implemented the MCA. The 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 provider was working within the principles of the MCA. We saw that best interest decisions had not been carried out for everyone who required these. For example, a person received their medicines in their food and were unable to consent for this but a best interest decision was not in place. We spoke with the registered manager and provider who told us they were in the process of completing these. We saw evidence of this.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms. However it was not consistently clear from the care records whether people were able to consent. For example, one person's record stated they were able to understand their care needs but we observed consent forms had been completed by their relative. A best interest decision was not in place and the record did not state whether or not the relative had legal responsibility to consent on the person's behalf. It was not consistently clear from the records if relatives had a legal power to manage people's affairs on their behalf or what they were able to consent to. For example, finances, health and welfare or both. The registered manager told us they would ensure the records clarified the family members responsibilities. However, there was a risk that decisions were being made on people's behalf unlawfully because documentation was unclear.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were people subject to DoLS, DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff and registered manager about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People told us they thought staff had the skills to care for them. A person told us, "Staff know how to help me." Another said, "Oh yes, they know their job. They don't leave anyone in the lurch." One person said they were hoisted safely and had no bruises. New staff received an induction. The induction was in line with the Care Certificate which is a national standard. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. We saw from the training

records that most staff had received training on core areas such as fire and moving and handling. Two members of staff had become trainers for moving and handling which meant advice and support could be provided to staff as and when they required it. As part of this training staff had to support another member of staff to move so that they could have feedback as to how it felt to be supported in this way. This gave staff a better understanding of what people experienced when being supported. We observed staff had the appropriate skills to deliver care.

Additional training had also been provided to ensure staff understood people's specific needs, these included sessions on supporting people who lived with a sensory difficulty. There was a system in place for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. Staff had received regular supervision to review their skills and experience and told us they found these useful.

People told us they enjoyed the food. One person said, "The food is very nice. We get a pudding. I like my tea and get a lot of it." Another person told us, "Food is good, very good. I'm not a big eater. Food quality is good and I get plenty to drink." We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. The focus was on providing an enjoyable experience at lunch and encouraging residents to have sufficient nutrition. People were offered a choice. In order to assist people to make these choices staff showed people what meals were available at mealtimes. We observed people had different meals at lunchtime. People had access to regular drinks and snacks throughout the day.

Assessments had been completed with regard to nutritional needs and where additional support was required appropriate care had been put in place. For example, food supplements were given to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. On the day of our inspection we observed a person was supported to attend a hospital appointment and staff provided feedback on the outcome to staff on their return. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. People told us they had access to the GP and were supported by staff.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. The registered manager told us they wanted to provide a "Happy, homely atmosphere." During our inspection we observed this was the case. A staff member also told us, "It's a happy home to work in." Relatives and people who lived at the home said they thought staff were kind, helpful and caring. One person said they could ask them for anything. Another person told us, "The staff are caring. I don't ask for them often. If I need them I know they are there." Another said "Staff are very helpful and kind. I can ask them for anything. When I go to bed they keep a light on for me. I have a mat by my bedside. If I step on the mat at night, then it rings, and a nurse comes to check me." A comment in the survey carried out with relatives stated, "[My family member] is always comfortable and they say they are happy."

Staff were kind and gentle when providing care to people. We observed a person at lunchtime who had been asleep. Staff asked them if they would like to eat. The staff member gently moved the person's hair from their face and explained what the food was. We observed the person ate a little slowly and staff were patient with them. When the person required a drink staff provided sips from a specialist beaker. We observed when the person had finished they smiled at the member of staff.
We observed that staff were aware of respecting people's needs and wishes.

People who used the service told us that staff treated them well and respected their privacy. We observed that staff knocked on their bedroom doors. A person told us, Staff are respectful and are good to me." Another said, "Staff treat me alright." Another person told us, "Staff will knock on the door and check I am alright. The cleaners keep my room clean." Whilst talking with a person we observed a staff member knocked on the door to their bedroom and waited to be asked in. Staff asked permission before helping them to have a drink. We observed the resident waved and smiled at them with thanks.

Staff we spoke with were aware of the importance of confidentiality regarding people's information. Records were stored appropriately in order to protect people's confidentiality.

Staff supported people to mobilise at their own pace and provided encouragement and support. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening.

We observed staff chatting with relatives' in a friendly and respectful manner. All the people we spoke with said that they felt well cared for and liked living at the home. Staff explained to people what they were going to do before providing care and asked people if that was alright.

Staff supported people to receive care how they wanted it to be provided. Care records detailed people's choices. For example, a care record stated, "I like to have 2-3 pillows on my bed with my head slightly raised." Another said, "I am proud of my appearance and like to look smart and tidy."

Where people required support from lay advocacy services this was identified in their care record. Lay

advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information was available to people as to where this service could be provided from.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. People we spoke with told us about the activities and what they enjoyed. One person said, they (the staff) took us out on a boat trip. It was great. I can't get it out of my mind. A beautiful day. We had sandwiches." Another said, "There is always something to do. I don't get bored and can join in if I want. I walk about without help and haven't fallen down." A visiting professional told us, "Always activities, always something going on."

The service had employed a member of staff and also had a number of volunteers who provided activities to people. We observed volunteers working in the garden area and saw where improvements had been made to this area by local volunteers following the choices and ideas of people who lived at the home. For example, they had created a memorial garden. The registered manager told us they also had a number of volunteers who assisted with activities. The home had also linked with a local supermarket as part of a community project and received a volunteer on a weekly basis to chat with people at the home.

During our inspection we observed the hairdresser was visiting and people were supported to access this service. The provider had purchased inflatable sinks so that people who were unable to get out of bed could have their hair washed and dressed by the hairdresser. People also had access to other visiting therapists such as a reflexologist. Church services were held within the home and we saw that any specific cultural wishes were recorded in care records and provided for according to people's wishes.

Assessments had been completed prior to people moving to the home to ensure the provider could meet people's needs. Care records were personalised and included information about what practical support people required. Care plans had been reviewed and updated. Care records included details so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. The information had been collated by talking with people, their famillies and friends. Information such as this is important because it helps staff to understand what is important to people and why. A member of staff told us they enjoyed talking to people about their past experiences and found it helped improve people's wellbeing. One person said, "Staff know me as a person. They know my story." Another told us, "The staff know me well. They know what I like. There's not much they don't know." The activities coordinator told us they got to know people by tracking their past. They said they tried to link people's past experiences with the activities through 1:1 and group work.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member. Relatives were encouraged to join people for a meal and we observed some people spent all day at the home with their relative. Meals for relatives were provided free of charge. The registered manager told us, "It's a nice thing to do. It's normal to sit with your family member to have a meal." One person had been supported to make contact with a family member they had not been in contact with for ten years.

Care staff understood the importance of promoting equality and diversity. An example of this was the

provision of specialist training to help staff to care for people living with sensory difficulties. In addition the provider had installed reflective strips around doors to assist people to locate areas in the building.

A complaints policy and procedure was in place and on display in the home. People told us they would know how to complain if they needed to. At the time of our inspection no complaints had been received since the last inspection. A person said, "If I had a complaint I would talk to one of the nurses but never had occasion to." Another told us, "I have no complaints. I would speak with the manager or one of the office people."

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to fully address the issues raised at our previous inspection in relation to the MCA and best interest assessments. As a consequence the provider was now in breach of regulation. Arrangements for checking the quality of care had failed to identify the medicine issues we identified at the inspection. In addition the provider's medicine policies had not been updated to reflect national guidance.

Where issues had been identified by the provider's quality checking system we saw action plans had been put in place in order to make improvements. The home was participating in a local initiative (Harm Free Care Project) with health partners in order to ensure care was safe and in line with national guidance.

People felt the home was well run and told us all of the management team were approachable. The registered manager was walking the floor throughout the day and appeared to know the residents well. We also observed the provider talking with people and people knew who they were. A staff member said, "I think the home is well led. If I have any issues I will go to the manager and owner. Issues in the past have been sorted out."

The registered manager told us they started later in the day so they could see every shift and provide support to staff covering those shifts. They told us that they encouraged people and staff to come and speak with them at any time. A relative told us, "I would be confident to talk to the manager. I talked to her before coming here. She listens to you." A visiting professional told us they thought the managers were "Extremely supportive."

Resident meetings were held on a regular basis. We looked at the minutes from the meeting held in July 2017 and saw discussions had taken place about the summer party. People had expressed a wish for a bouncy castle and we saw from photographs that this had been provided. In addition events had been arranged to encourage relatives to be involved in the organisation of the home such as a drinks evening. Surveys had also been carried out with people and responses had been positive.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff were deployed in an effective way, for example the activity coordinator assisted with breakfast and lunches to ensure there were sufficient staff available. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. Staff and relatives told us that the registered manager was approachable. Staff said that they felt able to raise issues and felt valued by the registered manager and provider. We observed at a recent staff meeting staff had been reminded to care for people holistically and look at all their needs.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about all the people who were subject to a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about. The ratings for the last inspection were on display in the home and available on the provider's website.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to put in place assessments where people were unable to consent.