Circa Care Limited

Ashfield Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

This unannounced inspection took place on 7 August 2017.

Ashfield Residential Care home is a care home for seventeen older people some of whom are living with dementia. The home is owned by Circa Care Limited and Ashfield Residential Care Home is their only care home. At the time of our inspection there were seventeen people living at the service.

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 previous inspection on 22 September 2016 we rated the service Required Improvement overall. This was because there were two breaches of the regulations. We found that people's care plans lacked detail and were not personalised enough. During this inspection we found that this had been addressed and people now had detailed and person centred care plans.

Previously we found that the service was not always working in line with the Mental Capacity Act 2005 (MCA) as they were not undertaking mental capacity assessments and best interest decisions. In addition they had not always applied for authorisations under the Deprivation of Liberty Safeguards (DoLS) appropriately. During this inspection we found that this had been addressed and the service was applying for DoLS authorisations for people and had undertaken mental capacity assessments and best interests decisions in a timely and appropriate manner.

Previously people did not have choice about what meals they ate. We found now people had a choice of nutritious meals each day and were offered alternatives if they did not like the menu choices. People also had a choice of hot and cold drinks to support them to remain hydrated.

The registered manager had come into post after the last inspection when the previous registered manager had resigned. Relative and staff feedback during our visit about the registered manager and the supporting director was all positive. They told us changes to the service were an improvement.

We found that that the environment of the care home has been improved since our last inspection. There was a larger lounge and dining area. This new area was well used, as there was a now a comfortable area for all people to sit and for activities to take place.

People and relatives told us staff were friendly and respected them. We found that there were enough staff to meet people's support needs. The provider had systems in place to recruit staff in a safe manner.

Staff had received medicines administration training and administered medicines in a safe and timely

manner.

The registered manager and staff understood their responsibility to keep people safe from abuse and demonstrated they knew how to report safeguarding adult concerns. People had risk assessments that were tailored to their circumstances. Staff knew the measures to take to protect people from harm.

The premises were clean, well maintained and free from malodours.

Staff supported people to access health care and worked in partnership with the local health teams to ensure people had the appropriate heath care.

People and relatives told us they knew how to raise concerns and complain. They believed complaints would be responded to and addressed by the registered manager.

The manager and director undertook audits and checks to ensure the quality of the service.

The registered manager asked people and relatives their views of the quality of the service provided at care plan reviews and the residents meetings and where necessary acted on these.

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. There were systems in place to protect people from risks and abuse.

The service had enough staff to meet people's needs. There were safe recruitment practices in place.

People received their medicines in a timely and appropriate manner.

Staff had received training in infection control and the premises were clean, well maintained and free from malodours.

Is the service effective?

Good

The service was effective. The registered manager and support staff understood their responsibilities under the Mental Capacity Act 2005. The registered manager had applied for authorisations under the Deprivation of Liberty Safeguards appropriately.

Staff had received training and supervision sessions to equip them to undertake their caring role.

Staff supported people to access the appropriate health care in a timely manner.

Staff supported people to eat a nutritious diet and remain hydrated.

Is the service caring?

Good

The service was caring. People told us staff were respectful and friendly. Staff maintained people's dignity and privacy.

People and their relatives were involved in their care planning and attended reviews. People's diverse needs were also identified an addressed in their care plans

People had end of life plans that recorded their wishes and choices in regards to end of life.

Is the service responsive?

Good

The service was responsive. People had person centred plans that clearly identified their support needs and how these were to be met.

A variety of activities was taking place to engage people and provide a lively and sociable environment.

The provider had a complaints procedure displayed. People and relatives told us they felt they could raise concerns or complain to the registered manager and these would be taken seriously and addressed.

Is the service well-led?

Good

The service was well-led. There was a registered manager who understood their role and responsibilities.

There were good lines of communication in the service between management, staff, people and relatives.

The registered manager and provider undertook checks and audits to ensure the quality of the service provided.

There were regular meetings for people and relatives to attend to share information and raise concerns.

The service worked in partnership with the local health care professionals for the benefit of people living at the service.

Ashfield 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 checked 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 unannounced comprehensive inspection took place on 7 August 2017 and was carried out 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. During our inspection, we talked with six people living in the service. We observed staff interaction with people at intervals throughout the day. We looked at three people's care records. This included their care plans, risk assessments, medicines records, and daily notes. We also spoke with four visiting relatives.

We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with two support staff, the chef, the registered manager, and a director of Circa Care Limited.

During our inspection, we also spoke with a visiting health care professional.

Following our inspection, we spoke with a representative from the commissioning body.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and their comments included "Yes I feel very safe" and "Very safe indeed". The provider had systems in place to keep people safe and staff knew what to do if they had concerns about a person using the service. Staff told us how they would recognise signs of abuse and told us how they would report suspected abuse appropriately. One care worker told us, "If it is not safe I would do something about it such as go to social services." The registered manager understood their responsibility to report safeguarding adult concerns to the appropriate authorities. They had an oversight of incidents to identify safeguarding adult concerns in a timely manner.

People had risk assessments to ensure their safety. Risk assessments were person centred and tailored to the person's specific need. Risk assessments included, falls, mobility, sensory difficulties, skin integrity, nutrition, diabetes, and wandering. Risk assessments highlighted the level of risk and there were guidelines for staff to help manage the risks. For example when a person had a history of pressure ulcers and the risk of poor skin integrity was assessed as being high, the guidance for staff stated when supporting the person in drying after bathing "Avoid any rubbing as there is a risk of [X] skin breaking…[X] to wear loose cotton clothes." There was a quick reference overview in the care plan that highlighted the risk assessments in place for people. This ensured new staff or bank staff could see quickly if there was a high risk to someone in a specific area.

All people had personal emergency evacuation plans in the event of a fire that detailed the staff support they required. Staff checked fire alarms on a weekly basis. The registered manager had carried out fire drills in March and May 2017. Notes taken indicated how people had responded to the drill for future reference. Fire equipment was serviced to ensure it was in working order. Other safety checks took place these included portable appliance checks, Gas safety check, legionella check and electrical installation checks.

People told us "There are enough staff but sometimes they get very busy" and "Staff are busy but good, in an ideal world there would be more." All people spoken with said staff were busy but felt there were enough staff. People confirmed call bells were responded to quickly saying for example, "Staff come quickly when I call."

A staff member told us "We have team work here and every day we get things done that we need to do. We answer call bells as soon as possible." The director told us they used a dependency tool to ensure that there were enough staff to meet people's needs. The registered manager showed us they had altered the times of one staff member shift to ensure there was an extra staff member to support people who liked to get up early and sit in the lounge

The provider had a recruitment policy and procedures to ensure the safe recruitment of staff. Prospective staff completed an application form and attended an interview to ensure they had the right skills and knowledge to undertake their role. Checks undertaken by the provider included proof of identity and criminal record checks. The registered manager asked for appropriate references prior to staff commencing their role.

Staff had received training to administer medicines. Staff counter signed when medicines were administered to ensure an error was not made. Medicine administration records were completed without omission or error. People's medicine records gave clear guidance to staff with photos of the medicines so staff could identify that they were administering the correct medicines. People who had PRN medicines , that is as and when needed medicines had clear guidelines for staff guidance. People's medicines were stored securely and there was a separate secured cabinet. for controlled drugs. Controlled drugs were administered appropriately. The medicines were ordered in a timely manner and arrangements for delivery of medicines were in place. We saw that when one person's medicine was late in being delivered the senior staff and registered manager took action in requesting the urgent delivery of the medicine. We found that the service had safe medicine administration procedures.

Staff had received training to understand the need for infection control in a care home environment. Staff used protective equipment appropriately to protect themselves and people living in the service from cross infection. Contaminated waste was disposed of in a safe manner by staff. The cleaning staff used colour coded equipment that indicated where it should be used in home. This was to avoid the risk of cross infection. The provider was taking steps to promote good hygiene in the service.

Good

Is the service effective?

Our findings

At our previous inspection we found that the provider was not working within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

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).

During this inspection we saw that mental capacity assessments had taken place and when a person lacked capacity a best interests decision had been made involving the person's family and appropriate health or social care professional. In addition we found that the registered manager was now applying for DoLS authorisations for people. When DoLS authorisations required a review, these were being requested in a timely manner. We saw that when there was a delay in the application being processed by the statutory body the registered manager had followed up the application with e-mails requesting an update.

Previously we found that people were not always being given a choice. During our visit staff told us how they gave people choices by offering for example a choice of juice or asking if they wanted tea or coffee or which clothes they would like to wear. People's care plans stated clearly that people had choices about their daily life. For example one care plan said, "Staff to always remember to promote [X] choice" and specified for example that people might make choices about what food they wanted to eat and what time they want to retire to bed. We found that the service was now working under the MCA to promote people's rights.

Staff received a thorough induction when they commenced their post. Induction checklists evidenced staff were introduced to people and the service systems. Staff received induction training that included for example safeguarding adults, health and safety and infection control. Further training was provided in arrange of areas including managing challenging behaviour, dementia awareness, equality and diversity, first aid, mental health awareness and manual handling. Staff told us they received regular supervision sessions and found them "very helpful". We saw that staff received regular supervision sessions and at times completed supervision sessions knowledge tests for example in manual handling theory to ensure they understood the correct procedures.

Staff worked closely with the local health authority CHESS team (Care Homes Enhanced Support Services). This ensured that where needed, people had quick access to health care professionals in the team. Health professionals who visited the service included nurses, physiotherapy, occupational therapy, pharmacy and a consultant geriatrician. People's GP, chiropodists, opticians, dentists, and speech and language therapists also visited people. People's records showed that the service responded well to their healthcare needs and

sought medical advice promptly. One visiting health care professional told us staff were "proactive" in contacting them for advice and "will follow recommendations and feedback to them."

Staff had information to support them to understand people's medical conditions. For example when people had diabetes their care plan contained information for staff to recognise symptoms of hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar) and advised actions to take.

One person told us "There is always a choice of food" and another person said "The food is good and I can choose." Staff offered people a good choice of meals from a varied menu. People's care plans detailed their dietary requirements such as vegetarian diet, diabetic diet or pureed food. We found when there was for example a swallowing difficulty or poor body weight a referral was by staff to the dietician and the speech and language therapist for specialist guidance.

We noted one person who was very new to the service did not have a pureed diet as their hospital discharge notes indicated. The person who had only upper dentures was not at risk of choking but required pureed food as it was soft to eat. We saw that whilst their care plan referenced the pureed diet their 'Dietary Needs Summary' did not. The person was able to ask for the food they wanted and we observed requested soft foods, as such there was no actual impact on them. It was an oversight by the service and all the person's care documents should have been correct and consistent. We brought this to the attention of the registered manager who apologised for this oversight made whilst they were away from the service and it was addressed immediately with staff. People requiring support to eat were given support in a sensitive manner by staff.

Since our last inspection the provider had altered the building extending the rear of the building to increase the size of the dining and seating area. The new layout was a good improvement and worked well for people in providing an accessible and well- used lounge with adequate comfortable seating. There was lift access to all three floors and we noted lighting had been improved to ensure good visibility for people. There was an accessible garden area.

Good

Is the service caring?

Our findings

One person told us "I really love the staff they are so cheerful, yes they respect me like I respect them." Another person told us "Staff are great, we are like a family" and one person said, "Staff are ok, they do their best, and yes I suppose I do feel respected".

A staff member told us "I love them all, they all have their ways and we get to know them" and "We do our best to make sure that they have what they want and we try to accommodate them". We observed staff interaction with people was kind and sensitive. Staff responded to people quickly in a positive manner and monitored if people were comfortable in their chair, for example changing people's position when they had slipped down in their chair. Staff listened to people when they spoke to them sometimes getting down to their level to give eye contact.

The registered manager had changed the uniforms of the care staff so that "staff were visible" to people. Health care assistants wore a yellow shirt and the senior staff wore an orange shirt. This was to help people and relatives to identify who was leading the team. There was a keyworker system. Keyworkers are staff who work with specific people and act as a point of reference. People and most relatives spoken with were not sure who their keyworker was however people's care plans were kept updated by their keyworker. There was a stable staff team and we found that people and relatives recognised staff and were familiar with them.

People's care plans reminded staff to maintain their privacy and dignity. We observed staff supporting people with personal care in a discreet manner. We saw that staff knocked on people's doors and waited to be asked in before entering. One person described to us that they required some supervision to use the shower but did not like staff to be in the shower room, therefore staff remain near monitoring but respected their wishes for privacy. As such, staff demonstrated an awareness of people's need for privacy and dignity.

During our visit, we met a number of relatives who had come to the service to meet with the registered manager and review their family member's care plan. All relatives spoken with told us they had been involved the care planning and review of the care plans. One relative who lived further away told us the staff had spoken to them on the phone quite a lot while their relative was settling in. This indicated that the service was including people and their relatives in their care planning and asking how they wished to be supported.

People had end of life plans that expressed their wishes in regards to end of life care. People had DNACPR decisions in their care plans (Do not attempt cardiopulmonary resuscitation) in the event that they became very ill, so staff were clear about the action to take. These had been completed with the person, their family, and GP.

Good

Is the service responsive?

Our findings

At our inspection in September 2016 we found that people did not have person centred plans this meant that care plans did not reflect the person's choices or personal history.

We found this had now been addressed. People had person centred plans that gave a history of the person. This was important as it told staff about the person's life before they came to live at the home and helped staff see the person in the context of their life. As such, one person's care plan told staff that they 'used to play cricket' and 'wrote and performed plays'. Care plans also informed staff of people's likes and dislikes and included people's preferred daily schedule.

Care plans contained a 'care plan summary' that gave staff guidance about how people wished to be supported. During our last inspection we were concerned people were not being given choice about bathing or showering. During this inspection people indicated they were "told by staff" when they were going to have a shower, however they confirmed to us they did not want a bath and preferred a shower. A staff member told us staff negotiated showering and bathing with people. Care plans stated people's choices. For example, one person's care plan stated they liked a weekly shower and clearly detailed the staff support they required. Another person's care plan stated, "[X] should be asked if they prefer a shower or a bath, [X] is the one who makes the decision which is always respected." We felt people were now being given a choice around their preferences. People's care plans also contained their support needs and preferences with eating and drinking and their personal care.

At our previous inspection there were few activities taking place. During this inspection, we found this had improved. One person told us "I love the music and exercise it brightens my day." A staff member told us "We have so many activities we can use with them, craft, jigsaws, colouring books, board games and of course the music and exercise twice a week." We observed people enjoyed the music and exercise activity and we noted there was a break in the middle of the session for a quiz. The facilitator was sensitive to people's abilities, adjusted the activity for each person, and gave encouragement to people to join in. One person told us "Sometimes I don't want music in the morning so I go to my room, no one tries to make me do it". This indicated to us people were given a choice about participating. We observed that when two people wanted staff support to go into the garden this was given and the staff member accompanied them until they wished to return indoors. We saw therefore people were also supported to undertake activities that were independent from the scheduled ones.

People's daily notes contained a 'social participation matrix' that recorded how the person had chosen to spend their morning, afternoon and night times. Entries included crossword, card games, and exercise. This enabled staff to monitor people's daily routine, identify what the person enjoyed, and ensured people had the opportunity to socialise and have access to varied activities.

People told us that they would feel able to raise concerns and were confident that if they made a complaint it would be addressed by the registered manager or the provider. The provider had a complaints policy and procedure. There was information displayed to inform people how to make a complaint. The registered

manager told us that they remind people and relatives how to complain at the residents meetings. In addition, the complaints procedure was in the service user guide given to all people who came to live at the service. There were no complaints logged at the time of our inspection however the registered manager could tell us how they would investigate and address a complaint in an open and transparent manner.

Good

Is the service well-led?

Our findings

People told us they found the registered manager very approachable. Relatives whose family members had lived at the home prior to the last inspection told us that they felt the home had improved a lot since there was a change of management.

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. The registered manager had commenced work at the service after our last inspection when the previous registered manager resigned.

The registered manager told us they had an open door policy. They held 'residents meetings' that relatives also attended. These occurred every three/four months. The provider also sent out letters to both people and relatives informing them of any important changes within the service, such as the building works to extend the lounge. We saw that the resident meeting minutes included references to the open door policy, activities, new menus, and changes of staff. The registered manager told us they had acted immediately when negative feedback was received about clothes not being ironed. The concern was shared with the staff team, clothes were now ironed, and an apology was made. There was a service user guide that gave people and relatives relevant information about the service and contained the provider Statement of Purpose and Philosophy of Care. This gave people a good indication of what to expect from the service.

Staff told us there had been an improvement in the service describing registered manager was "fine and nice" and "approachable". One staff member said, "They, the owners of this place care a lot, they changed everything with different new things." Another staff member told us they "loved" their job and felt that the home had very much improved following the change of management.

We saw that the registered manager held quarterly staff meetings to share information and allow staff to raise concerns. Agenda items included safeguarding adults, infection control and record keeping as such the registered manager ensured staff was reminded of good practice and the service expectations.

There were good lines of communication between staff and the management team. Staff kept an 'Inter shift communication form' that had entries for the three shift handovers a day and recorded for example any medical issues, pressure area care equipment check, any building issues and contained a 'pre-shift inspection check list of the building'. There was a section of issues for the registered manager's attention. In addition, people had robust daily notes that had three daily entries and recorded for example people's mood, medicines administration, body condition, meals eaten and activities. As such, the staff were made aware of the current situation when coming onto shifts.

The registered manager and director undertook checks and audits to ensure the quality of the service provided. The service had a resident of the day programme. Staff checked each person's care plans, associated documents for accuracy, and updated records. Staff phoned people's family to update them on

people's current situation. People's room was given a deep clean and their clothing was checked. The director audited care plans on a monthly basis to ensure staff had updated them appropriately. Other audits included a weekly medicines audit and a monthly falls monitoring audit where falls were analysed to identify possible trends in the service.

The registered manager undertook monthly spot checks to the service to check the standard of service people were receiving and included checking staff performance and behaviours, the care people were receiving and the kitchen cleanliness. The spot checks were also carried out at night.

A heath professional told us that the service was 'definitely working in partnership with them' and described the service as having "come a long way" in terms of improvement.