

# Winnie Care (Macclesfield) Limited

## Ashfields 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

About the service:

Ashfields Care Home is a 'care home' providing personal care accommodation for up to 39 people. Accommodation was provided in the main building and five self-contained apartments.

People's experience of using this service:

People continued to be protected from abuse and avoidable harm. Safe recruitment procedures were followed and there were sufficient staff to meet people's needs. People received their medicines safely and when required. Staff were provided with a ready supply of personal protective equipment (gloves and aprons) and with relevant guidance of how to control and prevent the spread of infection. We saw that some staff did not follow the correct guidance and brought this to the registered manager's attention. They took action to remind staff of requirements.

The service continued to be effective. People's needs were fully assessed, and individualised care plans developed to ensure that effective care was delivered. Staff were well trained and knowledgeable about the people they supported. When people were unable to make decisions about their care, the service followed the principles of the Mental Capacity Act 2005. People were supported to maintain their health and well-being with access to a wide range of health and social care services.

People were served good quality nutritious food although we received contrasting feedback about a lack of choice to meet people's preferences. The registered manager confirmed that they would discuss this at the next service user meeting and a recently distributed questionnaire also invited people to express their views about food served.

People were cared for by a staff group who were kind and caring. If needed, people had access to advocacy services to ensure their rights were protected.

There was a consistent and established staff team who knew people's needs, likes and dislikes well. Each person had a personalised care plan detailing the support they required which was regularly reviewed. Activities were organised by the care staff. Some people said that they would like more to do and we discussed this with the registered manager. They confirmed that, along with the feedback regarding meals, they would discuss this at the next service user meeting.

People and staff described the registered manager as approachable, supportive and willing to listen to any concerns. There was a process to assess and monitor the quality of the service. The registered manager was aware of their responsibilities for reporting and had notified the CQC about events that had occurred within the service. Due to an administrative oversight, there had been a delay in informing us about a recent event, this was addressed, and we have received all notifications as required.

Rating at last inspection:

At the last inspection the service was rated Good. (12 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are within the Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are within the Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are within the Caring section below.

### Is the service responsive?

Good ●

The service was responsive.

Details are within the Responsive section below.

### Is the service well-led?

Good ●

The service was well-led.

Details are within the Well-led section below.

# Ashfields Care Home

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector, one expert by experience and one specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

Service and service type: Ashfields Care Home is a care home which provides residential care for up to 39 people. At the time of this inspection there were 31 people living at the home.

The service had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service, including whether we had been informed about events which the provider is required to tell us about by law. We also looked at information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us to give key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority quality assurance and safeguarding teams and looked at the latest Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents

the views of the public about health and social care services in England. We saw that their report provided a positive view of the service.

We used all of this information to plan the inspection.

During the inspection we spoke with the nine people who lived at Ashfields Care Home, one relative, two external professionals, the registered manager, seven care staff and cook. We looked at five records relating to care planning, four Medicine Administration Records (MAR) and other documentation associated with the operation of the service.

After the inspection the registered manager provided us with some additional records requested during the site visit.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they felt safe living at Ashfields Care Home. We were told "I feel very safe here. It's very secure which is very reassuring. The staff are always around too so we know we're OK" and "I feel very safe here, the staff look after me well".
- People were protected from the risk of abuse. Policies and procedures were in place, staff were knowledgeable about what they should report and the process to follow.
- Staff told us they felt able to report any concerns and were aware of the external agencies they could contact should the need arise (whistle-blowing).

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed by the registered manager to identify any patterns and learning so that measures could be implemented to prevent recurrence.
- Risks were assessed, and care plans implemented to mitigate the risk.
- Regular checks were carried out to ensure the environment and equipment used was safe.
- Fire systems were checked as required and fire drills carried out. Recording of fire drills was limited to the people who attended. We discussed this with the registered manager who confirmed that they would review the recording system so that additional relevant information was captured.

Staffing and recruitment

- Recruitment procedures were safe with appropriate checks carried out.
- The service does not use a dependency tool to support the assessment of staffing needs. The registered manager told us that staffing levels were set, and adjusted when required, by managerial knowledge and oversight.
- There was a consistent staff group. There was no use of agency staff, although the manager was aware of the need to request a personal profile and carry out an induction should the need arise.
- During the inspection, we observed that there were sufficient staff available to meet people's needs. People told us "I've never felt rushed or had to wait for anything" and "I've never felt rushed at all. Everything is done at my pace".

Using medicines safely

- Medicines were managed and administered safely and stocks checked were found to be correct.
- People we spoke with were aware of the medicines they were taking and we were told "I always get my medication when I should".
- Medicine administration records (MAR) were completed properly demonstrating that people had received their medicines as required.

- There was no photographic identification kept with the MARs. Although the staff responsible for administering medicines knew people well, it is good practice to retain a photograph. This helps to reduce the risk of people receiving the wrong medication.

#### Preventing and controlling infection

- The home was generally clean and tidy. People's rooms were deep-cleaned regularly and to a high standard. Some of the chairs in the communal areas would benefit from additional cleaning.
- There was a plentiful supply of personal protective equipment, (PPE). Staff spoken with demonstrated a good understanding of how to use PPE (gloves and aprons) effectively, and there was clear guidance available. However, we observed that some staff were not following this guidance. We discussed our findings with the registered manager who reminded staff of requirements.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed thoroughly before moving to Ashfields Care Home to ensure the service could meet them. One person told us that a family member had been involved in the assessment and that they were "Very impressed with the detail covered".
- Personalised care plans identified people's needs and choices including protected characteristics such as culture, religion, sexuality and disability.
- People were cared for by an established and consistent staff team who knew their needs and preferences well.

Staff support: induction, training, skills and experience

- New staff completed an induction programme. The programme was linked to relevant standards and included working with an experienced member of staff initially until they were able to work independently.
- Staff had access to a wide range of training to ensure they had the knowledge needed to carry out their roles.
- People told us staff knew what they were doing and were "Very good indeed".
- Staff had opportunities to discuss their work and development needs during supervision and annual appraisal sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed including any associated risks such as food allergies.
- We observed the lunchtime service. Most people ate in the dining area but could choose to eat their meal elsewhere if they wished.
- There was only one main option served with a choice of mashed potato or chips although we were informed that an alternative would be offered if people asked.
- People told us that the food was of a good quality although we received contrasting feedback in terms of whether it was in line with people's preferences.
- Comments included, "It was very nice. It always is. The food is quite varied and it's always nice and hot"; "The food is quite good but it's not what I like. No choice as such but it's good quality food" and "Some of the food is absolutely delicious but it's mixed, it varies".
- We discussed feedback received with the registered manager and they informed us that they would discuss this during the next service user meeting. Quality surveys were currently being completed and these also invited feedback about the food served.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked effectively with other agencies which supported people to maintain their health and well-being. One person told us "The doctor comes every week and you just let them know that you want to see her".
- Staff liaised with other agencies promptly when needed, for example intermediate care team, infection prevention and control team, dietician and diabetic nurse. A GP visited on a weekly basis and as and when needed.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA.
- Mental Capacity Assessments were carried out when required and decisions made in people's best interests were recorded.
- People told us that staff sought their consent before carrying out care interventions.
- DoLS applications had been submitted to the local authority as and when required. The registered manager retained a record which identified expiry date and when a renewal should be submitted.

Adapting service, design, decoration to meet people's needs

- The building was suitable to meet the needs of the people living there.
- Access between floors was by stairs or passenger lift.
- People's rooms were personalised with belongings they had brought from home.
- There were self-contained apartments available for people who were able to maintain a higher level of independence, whilst still receiving the care and support they needed.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. We received positive feedback from people using the service. We were told "The staff are very patient and caring"; "It's a very friendly place, the staff are lovely" and "The staff are wonderful, they work very hard and they're very helpful".
- A staff member commented they "Get satisfaction knowing that you've helped someone's day".
- People were treated fairly, without discrimination and were supported to express their individuality.
- People's diverse needs were respected, and care plans identified people's cultural and spiritual needs.
- Staff addressed people by name and, when speaking with them, were knowledgeable about their life histories, likes/dislikes and current needs.
- Staff supported people to maintain their interests and independence as far as they were able.
- Staff spoken with were aware of the need for confidentiality and how to maintain people's privacy when providing personal care tasks. However, staff were heard discussing individuals in a communal area. We brought this to the attention of the registered manager who spoke with the staff to remind them of expectations in this regard.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to access the services of an advocate when needed. An advocate is a person who supports people, who do not have family or friends to help them, to ensure their rights are protected.
- People and where appropriate their relatives were involved in decisions about their care.
- Quality of service questionnaires were distributed annually, including a large print version, providing an opportunity for people to express their views about the care they received.
- A visitor told us "Communication is very good, especially with any issues with (Relative's) health."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by an established and consistent staff team who had a good understanding of their care and support needs and individual preferences.
- We were told "They (Staff) know me really well. They know how I have my drinks and that I don't really like eggs".
- There was a clear and robust assessment and care planning process in place.
- Each person had a personalised plan of care which was regularly reviewed, providing staff with information of how best to support them.
- A handover took place each shift to share important information with incoming staff.
- People's communication needs were considered and detailed within the care plans.
- The service did not have a designated activities co-ordinator, activities were organised by care staff.
- A daily plan of activities was displayed and during the inspection we observed various games taking place. Large boards were available during a game of bingo to support people with impaired eye-sight and/or dexterity issues. People were supported to go for a walk outside in the fine weather.
- Some people told us that they would like more to do. They said, "It's a bit boring, there's nothing to do" and "If there are any activities, it's usually after 2.30pm. The residents have asked for something later, after tea, but it's not been implemented as yet".
- We discussed this feedback with the registered manager. They confirmed that, as with menu choices, they would discuss this at the next resident's meeting and feedback was also invited within the currently distributed quality questionnaires.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to record, handle and respond to complaints. The policy was clearly displayed within the home.
- People we spoke with told us they were not aware of a specific complaints procedure but that they would bring any concerns to the attention of the manager. We were told that people felt the registered manager was approachable and open to hearing any concerns.

End of life care and support

- People's future wishes for end of life care were considered and care plans implemented. Where people did not want to discuss this area, their decision was recorded and respected.
- End of Life champions had been designated to promote good quality care at this stage of life. Families were able to stay with their relative and the registered manager informed us that they had received compliments from external professionals about the standard of care delivered.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was led by a manager who had registered with the Care Quality Commission (CQC).
- The registered manager was aware of their responsibilities for reporting and had notified the CQC about events that had occurred within the service. However, due to an administrative oversight, there had been a delay in submission of a notification, this was addressed, and we have received all notifications as required.
- The last CQC rating was displayed as legally required.
- The registered manager and staff understood their roles and responsibilities including specialist 'champion' roles in which staff would lead on certain topics.
- Systems were in place to assess and monitor the quality of the service and the delivery of care. Whilst most of the audits reviewed appeared robust and effective, compliance achieved during infection prevention and control audits was consistently low and therefore this audit and findings require review.
- In addition to the audits and checks carried out by the registered manager, the registered provider carried out visits to assess the quality of the service. However, there was no record of these visits. We discussed the need to capture this information with the registered manager who advised they would discuss this with the registered provider's management team.
- People told us the home was well-led and were complimentary about the registered manager. We were told "It's very well-run here"; "Nothing is too much trouble for (Name). She's really helpful and genuinely cares about us".
- Staff told us "The company is good to work for and the manager is very supportive, I can go to her with any issues or concerns" and "(Name) is brilliant, she will always do her best to support you".

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Policies and procedures were in place which provided guidance to staff when needed.
- Meetings were held for staff, relatives and people living at Ashfields Care Home to share important information. A visitor told us they would appreciate a copy of minutes from meetings they had been unable to attend.
- Quality questionnaires were distributed annually providing people with an opportunity to give their opinions of the service. Questionnaires were available in alternative formats such as large print. The 2019 survey was in progress. Results from the 2018 survey evidenced that 95% of people were positive about their experience of living at Ashfields Care Home.

- All people we spoke with told us that the registered manager was approachable and responsive to any concerns they may have.
- Care planning assessed and identified people's needs and choices including characteristics protected under the Equalities Act 2010. For example, regarding culture, religion and sexuality. The registered manager explained how a person had been supported to express their gender identity.

#### Working in partnership with others

- The management team worked in partnership with other agencies including healthcare professionals and commissioners of services. A visiting professional told us "They are very good in managing long-term care and conditions, they are like a family, always friendly" another told us they were made to feel part of the care team when they visited the home.