Ashgate Care Limited

Ashgate House Care Home

Inspection report

Ashgate Road
Ashgate
Chesterfield
Derbyshire
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Tel: 01246566958

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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

Ashgate House Care Home is located on the edge of Chesterfield in Derbyshire and provides care and support, including nursing care, for up to 45 people. All the people living in the home are living with dementia. The home is split into two units. The older part of the building provides care for people with complex needs resulting from their dementia. On the day of our inspection visit 44 people were living in the home and one person was in hospital.

A registered manager was 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 service was last inspected on 12 and 16 September 2016, when we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not taken appropriate steps to ensure sufficient staff were available to meet people's needs and ensure their safety. We found the service did not promote person centred care towards people and their care needs. We also people's medicines were not safely managed and risks to people's health and safety were not identified and reduced and the provider had not taken appropriate steps relating to auditing and ensuring the requirements of the Mental Capacity Act 2005 had been met.

We asked the provider to send us an action plan to demonstrate how they intended to make improvements to meet the regulations. The provider sent us an action plan about the actions they intended to take to make improvements. At this inspection, we found improvements had been made.

The provider's arrangements for medicines administration, recording and storage were safe. People were supported to have their medicines when they needed. People were supported to maintain good health and were supported to access appropriate health and social care professionals when this was required. Guidance from healthcare professionals was followed to help ensure people's needs were met.

Staff understood the need to include people with decision making; staff considered people's capacity and followed the key principles of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed and people were supported to have choice and control over their lives where this was possible. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff had been provided with training so they were able to meet people's needs and provide them with safe and effective care. New staff participated in a period of training and shadowing a more experienced member of staff as part of their induction.

People had sufficient to eat and drink, though not all people were supported effectively to have adequate nutrition during meal times. Special diets were catered for. People's individual needs were assessed and

care plans were developed and reviewed. People's dignity and privacy was respected and staff showed kindness and compassion to the people they supported.

There was a complaints procedure and people and relatives knew who to complaint to if they felt it was necessary. Staff felt supported by the management team and supervision was provided to staff. Audits were carried out to help ensure people received safe and effective care.

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.

People at the service felt safe; there were enough staff to meet people's needs. Potential risks to people were identified and control measures were in place to assist in risk reduction. Procedures were in place, and followed, to ensure staff were safely recruited. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training to meet their needs. Where people lacked the capacity to make decisions the staff followed the key principles of the Mental Capacity Act 2005 (MCA). Applications had been made in relation to the Deprivation of Liberty Safeguards. People were supported to have access to health and social care professionals and services. People were provided with meals and drinks to suit their need, choice and preference.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate. People were supported by in respectful way and their dignity and privacy was maintained. Staff knew people well and took time to develop relationships with them.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain relationships with friends and family. People had opportunities to take part in a variety of activities. Information was available if people had the need to complain.

Is the service well-led?

Good

The service was well-led.

The registered manager was known around the home and was supportive to staff. Staff felt they could approach the manager with any concerns and believed their concerns would be acted upon. Systems were in place to check and audit the quality of the service. Managers and staff understood their roles and responsibilities.

Ashgate House 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 25 April 2017 and was unannounced. The inspection team comprised of two inspectors, one expert by experience who had specific experience of people with complex needs and a specialist advisor who was a nurse.

Before the inspection we reviewed the information we held about the home along with notifications that we had received from the provider. A notification is information about important events which the service is required to tell us about by law.

We spoke with ten people who used the service and four relatives. We also spoke with the operations manager, registered manager, two qualified nurses, six care workers, the maintenance person, the chef and an activities co-ordinator. We spoke with a visiting health professional on the day of our inspection visit and had contact with the local authority commissioning teams prior to the inspection. We case tracked two support plans and looked at six care plans in total. We reviewed a range of records about people's care and support and how the home was managed. We also looked at staff training records, four staff recruitment files and medicines records.

As not all of the people living at the service were able to express their views about their care we carried out a Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Good

Is the service safe?

Our findings

Our previous inspection in September 2016 we found the provider had not taken appropriate steps to ensure sufficient staff were available to meet people's needs and ensure their safety. This was a breach of Regulation 18 of the Health and Social Care Act 2014 and we asked the provider to take action to rectify this. During this inspection we saw improvements had been made and found the regulations had been met. We also found people's medicines were not safely managed and risks to people's health and safety were not identified and reduced. This was an on-going breach of Regulation 12 of the Health and Social Care Act 2014. We took action against the provider, and at this inspection found improvements had been made.

Throughout our inspection visit we saw sufficient staff were available to meet people's needs; staff responded to people in a prompt and timely manner. People told us there were enough staff to meet needs in a timely manner. We saw that extra staff were brought in when one person required to be accompanied to a medical appointment. Staff were quick to respond to a person when their panic button was used. We saw, within several seconds, the person was being checked and baseline observations were carried out.

We discussed with the registered manager the way they allocated, and decided, how many staff were required to care for people living in the home safely. They were able to give us detailed information of the model they used and they understood the different pressures involved in making staffing arrangements. For example, to cover for sickness and annual leave.

Medicines were managed safely. Support plans gave clear details on how people should receive their care. People received their medicines as prescribed and effective systems were in place to ensure medicines were safely managed. We looked at the arrangements in place for the storage and administration of medicines and found these to be safe. There were suitable arrangements for the disposal of medicines when they were no longer required. Medication Administration Records (MAR's) were clear and contained evidence regarding allergies where this was appropriate. They all contained photographs of the individual person to assist in the correct administration of medicines. Where medicines required to be noted with the date of opening this was done.

When people were given their medicines we saw staff explained to them what it was for, where people needed gentle persuasion to take their medicine this was done in a supportive and gentle manner.
There had not been a recent audit of medicines, which would allow the registered manager to verify safe practice and take action on any discrepancies. We discussed this with the registered manager and operations manager who informed us the pharmacist and local Clinical Commissioning Group (CCG) had recently undertaken these and no concerns had been highlighted.

People and relatives told us they felt the home was safe. One person said, "Yes, they look after me". A relative told us "I am very happy with the care. I think it's an excellent place to be". When we asked staff if people were safe they said, "Definitely", and "Extremely". One staff member explained further, "We do safety checks on people, especially those who are in bed. We have equipment, for example, crash mats, sensor mats. There are bedrail assessments; if someone is at a high risk of falls referrals are made so risks can be

reduced". When we talked to another member of staff they were able to explain to us where the risks were around 'slips, trips and falls'. They told us it was important to identify risk, they gave an example of where a person might remove one shoe and attempt to walk around with only one. They said, "People take off a shoe, walk around with only one on and then trip". This meant staff were aware of risk and steps were being taken to help ensure people were kept safe.

We saw staff used equipment to assist people to move and transfer. This was carried out safely and we saw staff reassure people in a reassuring and calm manner which helped them to remain calm and less anxious. We saw staff had a good understanding of people's needs and risks and understood how to provide care and support in a safe way. Staff we spoke with were clear about their responsibilities if there was an accident or incident and were able to tell us how they would respond and monitor these events. Accident and incident forms were completed and were available in people's care plans. The registered manager had a system of auditing and checking for continually reviewing accidents and incidents to ensure any themes and trends were identified and any necessary action taken.

Support plans contained evidence of risk and how to mitigate those risks. For example, all people were weighed on a monthly basis, with those people who were at risk of significant weight loss being weighed weekly. Where people were losing weight they were referred to the GP and dietician to ensure appropriate treatments were arranged and put into place.

Staff understood safeguarding procedures and were aware of what to do if they witnessed anything they were concerned about. They felt confident if they reported this to their line manager that action would be taken to help ensure people were kept safe. Documented evidence supported this; the registered manager completed notifications and liaised with social and health care professionals when any concerns had been raised.

We saw bedrooms were clean and contained items of people's personal preferences. However, there was a malodour on entering the home. We discussed this with the registered manager and operations manager and they told us they had a regular regime for cleaning the carpet in the main lounge. The registered manager and cleaning staff told us the provider was in the process of replacing old and worn seating which could be the cause of the malodour and if this was not effective were planning on replacing the carpet. We recognised the malodour was confined to one area of the home; we saw and cleaning staff confirmed steps had been taken to try to eradicate and manage this. Increased 'deep cleaning' had been implemented, as well as using different cleaning products. This showed the provider and the registered manager had taken steps to address the concerns regarding the malodour.

Equipment for maintaining people's health was kept clean and policies and procedures were followed. Where equipment required servicing on a regular basis this was done according to the current health and safety guidance. This showed health and safety was considered and action taken to help ensure people were kept safe.

We reviewed staff employment records and found checks had been undertaken before prospective staff worked at the service. Records showed pre-employment checks had been carried out. These included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). We also saw the provider had carried out checks on nursing staffs' annual registration and membership with the Nursing and Midwifery Council (NMC) to assure themselves nursing staff had retained their registration status. This meant people and their relatives could be confident staff had been screened as to their suitability to care for the people they supported.

Good

Is the service effective?

Our findings

People and relatives we spoke with felt staff knew what they were doing. They told us their family members were well cared for and said staff were available to meet their needs. Relatives told us they did not worry about the care their family members received. Where people required skilled interventions to maintain their health we could see these were done. For example, where people required support with moving from a chair to a wheelchair we saw this was done safely.

Staff told us they felt supported and received sufficient training in key areas of delivering safe and effective care. One staff member said, "Training is useful". They told us they had participated in 'virtual dementia' training and said it had been "Enlightening". The staff member told us what they had learned during the training and how it had given them insight and understanding of the people they supported in the home. The staff member described how they had adapted the way they supported people following the training. They gave us an example of how they supported one person with an activity that wasn't scheduled for that day as this was what the person wanted. Another member of staff told us they had learned that "music memory is the last to go". This showed staff were putting the training they had received into practice to support the people they cared for.

Another member of staff said, "There's tonnes of training, like you wouldn't believe". Staff told us they also received training in safeguarding, supporting people when they required assistance with moving and health and safety. Staff told us they had access to a variety of training and we saw records confirmed this. However, there was one person living in the home who lived with epilepsy and specific training had not been provided for this. We discussed this with the registered manager and operations manager and they assured us this training was arranged.

New staff had a period of time to shadow more experienced staff so they could learn about people's individual needs. New care staff also completed the care certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. We also saw staff received support through supervisions and team meetings. This meant staff had been supported to deliver effective care to meet people's needs.

Staff we spoke with had an understanding of the requirements of the MCA and the importance of acting in people's best interests. Records we looked at showed mental capacity assessments had been completed and people's best interests had been established.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved.

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). Appropriate applications had been made where these were required.

People we spoke with were happy with the food they received. One person said, "I have what they make me 'cos I like it". One relative commented "The chef is brilliant, the food and the amounts of different food". People were asked what choice of food they would like and people were offered drinks with their meal. People chose where they wanted to sit and we saw there was a relaxed atmosphere at lunch time. There was sufficient food, drinks and snacks available throughout the day.

We saw that people appeared to enjoy their food and some were supported to eat their meals, this was done in a supportive and dignified way. However, we did see that not all people who required orientation or encouragement to eat were supported.

We saw people living with dementia being served their food on red places. A staff member explained to us, the Alzheimer's Society recommends serving meals on a red plate. Staff recognised that food is more easily visible on a red plate than traditional white plates. This showed the staff were aware of adapting the service to help support people's needs.

We spoke with the chef and they showed us the menu plans that had been designed in consultation with people and how they altered food depending on the individual needs of people. For example, if people had particular dietary requirements due to a medical condition, such as pureed food. This showed the home was aware of, and adapting, menu's to suit individual wishes and needs.

People and relatives we spoke with felt health needs were being met in the home. They told us a doctor or health professional would visit them when this was needed. People also told us if someone felt ill a member of staff would call for the doctor to visit. We looked at records and could see that people had access to health care when this was required, for example hospital visits. We spoke with a visiting health professional, who told us they were informed if a person required an urgent visit but also attended the home on a weekly basis.

Good

Is the service caring?

Our findings

Staff were kind, caring and compassionate towards people. One person said "I am quite happy with the place. It is always clean and nice." They went on to say, "Staff have patience". When we asked another person if they liked living in the home they said "I do, they're like me family." Another person said, "I have a lovely room, it's big, my bed's comfy". A relative told us their family member was acknowledged by staff when they were walking by and showed respect and understanding towards people. They went on to say they were always made welcome and said, "Yes, I am made welcome, I visit every day, the staff always chat and since [relative] has been here, they get them sorted out straight away". We saw staff greeted relatives in a way which indicated they knew them well and had developed positive relationships. All relatives we spoke with told us they were always made welcome.

We saw staff knew people and their needs very well. We saw staff interacting with people in the home. Staff were kind and respectful and spoke with people in a cheerful manner. We heard staff chatting with people in a friendly and familiar manner which showed they knew people well. When staff were talking to people they got down to their eye level and called them by their preferred name. They engaged them in conversations which people responded to. This showed staff were aware of how to treat people with dignity and respect.

Staff supported people to meet their choices and preferences. Where people required support, this was done with kindness and compassion. One person expressed their liking for the home, they said "It's a nice place this, isn't it?" We saw staff took steps to involve people in making everyday choices and decisions. For example, people were given choices around food and drinks. A staff member recognised how difficult it was to engage people living with dementia for long periods and told us how they (staff) had to be flexible, particularly when it came to providing activities. They said, "We do activities as and when; they are subject to change. Some people can't sit for long, so we have to keep moving and changing." This showed the staff were aware of working in a flexible manner, to include people.

One relative told us they were not involved in formulating the care plans for their family member. They told us they did not know what medicines their relative was taking and had never had any involvement in the care plan for her relative, nor had they seen it. However, they went on to say they were happy with the home and the care their relative received.

People's privacy and dignity was respected and supported. For example, we saw when people required assistance with personal care and this was done in a caring and sensitive way. Staff told us they were always aware of maintaining people's dignity and we saw this happened during the inspection visit.

Good

Is the service responsive?

Our findings

At our previous inspection in September 2016 we found the service did not promote person centred care towards people and their care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2014. At this inspection, we found improvements had been made.

People had care plans which were reflective of their needs and focussed on them as individuals. Care plans had been reviewed and updated to reflect any changes to people's needs. For example, we saw when someone had seen their GP their care plan had been updated to reflect treatment changes. The registered manager described to us the way they were updating care plans so they were more person centred and contained even more of a focus on people's individual likes and dislikes.

Staff spoke in a positive manner about the people they supported and they had taken the time to get to know people's preferences and wishes. Staff had a good knowledge of people's care needs and likes and dislikes and this was demonstrated in their responses to people when they required assistance.

The registered manager had introduced new measures to support people living with dementia in the home. For example, there were three dementia clocks which were designed for people living with dementia for easy use. Also, signage had been introduced which assisted people to move around the home more easily if they were confused. In this way the registered manager demonstrated they learned from experience, training and putting into practice quality improvements in the service.
People told us they liked to undertake activities in the home. When we asked one person if they liked to watch television they said, "I do if it's a nice film". Another person explained how they enjoyed playing 'catch' with a balloon, watching a film and taking part in the weekly religious service in the home. One staff member described to us how one person enjoyed washing up; they told us they (staff) would provide the person with a bowl of soapy water and tea-towel so they could 'wash-up'.

We spoke with an activity co-ordinator who told us they aimed to provide structured activity every day. They told us people were included in deciding what activities they wanted to do and that the timetable was flexible to meet changing wishes. One person demonstrated an air of calm when provided with a particular item. Staff were aware of this and ensured they had this with them at all times.

The activity co-ordinator told us they believed it was important they find out about the people they supported. They had read the document called "This is me" which contained detailed information about people's past lives interests, likes and dislikes. This provided staff with information about the history of people they are supporting and lists their interests, hobbies, likes and dislikes. People and their relatives had completed the document and the activities co-ordinator said it gave them, "Ideas of what to talk to people about". They also said "If someone doesn't like sport, why should we expect them to want to play ball games, activities need to be what people want". This showed an awareness of the differing likes and dislikes of people and that they were considered.

The staff we spoke with demonstrated a good understanding of the needs of people for social interaction.

We saw staff supporting people on a one to one basis when they had expressed a wish for a certain activity. We also saw people identify games they wanted to play and these were given to them. People were also supported to take part in group activities by the activities co-ordinator. We talked to the activities co-ordinator about their future plans for activities in the home. They told us they were planning 'memory' boxes for each person and wanted to introduce reminiscence activities for people to take part in. Memory boxes contain items of interest which help to stimulate past memories. We saw they were already aware of what preferences some people had for activities.

We saw one person who was supported to undertake an activity outside of the home. This had been repeated from the day before as staff noticed when they undertook this activity they became less anxious. This meant staff were learning and responding to people to help support them in a person centred way.

People and their relatives praised the staff and the service in general and told us they had no concerns regarding the care and support being provided to their relative. People and relatives told us they knew who to speak to if they had any worries or concerns about the support they received. When we talked to relatives about who they could approach if they had any concerns or complaints they told us, "Yes", they knew who to approach. When we looked at records and evidence detailing complaints we could see they had been recorded and acted upon. However, we noticed not all complaints were responded to in a written format, as was outlined in the providers procedure. We discussed this with the registered manager and were assured us the full procedure would be followed in future.

Good

Is the service well-led?

Our findings

At our previous inspection in September 2016 we found the provider had not taken appropriate steps relating to auditing and ensuring the requirements of the Mental Capacity Act 2005 had been met. This was a breach of Regulation 17 of the Health and Social Care Act 2014. During this inspection we saw improvements had been made and found the regulations had been met.

The registered manager was supported by the operations manager and both were aware of the need for constant improvement in the home. They had implemented quality monitoring systems to monitor and improve the quality of the service being provided. The implementation of the quality monitoring had meant the registered manager was able to show where improvements had been effective in changing the service people received. Audits were completed in areas such as monitoring and acting upon accidents and incidents that occurred in the home. The registered manager also provided us with information which showed how they monitored the cleanliness in the home. For example, increased cleaning and de-odourising had been implemented as a result of the audits. They also told us they were planning to employ extra staff in this area so every month bedrooms could have a deep clean.

The registered manager and operations manager looked for emerging patterns and trends regarding accidents and incidents in the home so they could put in place plans to mitigate those risks. For example, they kept a record of where falls had taken place in the home and who the accident had happened to. This overview of incidents helped the registered manager to analyse the information and plan for mitigation.

There was a registered manager in post and they understood their role and responsibilities. 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 home is run. The home had previously been rated by the Care Quality Commission and the ratings were clearly displayed.
The provider had policies and procedures which outlined what was expected of staff when supporting people. The provider had a whistleblowing policy which supported staff to question the practice of others and helped to assure protection for members of staff should they raise any concerns. Staff told us they knew who to report any concerns to and were confident action would be taken.

The registered manager was familiar with the processes and responsibilities required in relation to notifications. They knew written notifications which they are required by law to tell us about needed to be submitted at the earliest opportunity. For example, notifications of a person's death or an event which may affect the effective running of the service.

Staff recognised their roles and responsibilities in being part of a team. Staff told us the registered manager was approachable and they would take time to listen to any concerns. They told us they would have no hesitation in speaking with the registered manager to report any concerns they had. Staff told us they had confidence any issues they raised would be taken seriously and acted upon. One member of staff said, "The

manager does a fantastic job; I can't fault her". They continued and said, "She's under pressure and she is human. It is not an easy job, but she's good at it [the job]." Another member of staff said, "[Registered manager] is lovely; she is approachable; she has said if I have any worries or concerns, I'm to go and see her straight away."

We saw staff meetings had been undertaken on a regular basis. This allowed the free flow of information on best practice and allowed the staff to share information about their work. There were weekly monitoring visits from the provider's regional manager; this gave the staff and registered manager additional support. We also saw residents meeting had taken place however not frequently; the last recorded meeting we saw was August 2016. Relatives were also invited to meetings to discuss improvements in the home and although these were intermittent, relatives told us they were able to speak to staff at any time.