

Ashmore Nursing Home Limited

Ashmore Nursing Home

Inspection report

Barningham Road
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Tel: 01359251681

Date of inspection visit:
31 July 2017

Date of publication:
29 August 2017

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

Ashmore Nursing Home has been extended and is now a nursing home for up to 36 people. Some people may be living with dementia and have physical health conditions such as diabetes. At the time of our inspection there were 30 people living at the service. Each person had their own room and had access to lounges, a dining room and secluded gardens. An activity room was being developed for people to enjoy.

At the last inspection of 02 April 2015 the service was rated 'Good'. At this inspection the service remained 'Good' and met all relevant fundamental standards.

There were arrangements in place to protect people from risks to their safety. Staffing levels of nursing and care staff were appropriate to support people meet their assessed needs. There was a robust recruitment process for employing staff appropriately to care for vulnerable people. Processes and procedures were in place to receive, record, store and administer medicines safely.

People were cared for by staff who received supervision and on-going training to develop their skills to support people with their assessed needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff encouraged people to eat sufficiently and have drinks of their choice. People were supported promptly as required to see a range of healthcare professionals in order to maintain good health.

Care was delivered in an understanding and empathic way to meet people's needs. People were supported by staff to make day to day decisions about their care. The staff respected people's dignity and privacy.

Each person had a care plan which was based on an individual needs assessments and took into account people's preferences. The care plans were reviewed regularly to remain up to date. People were encouraged to engage with a variety of activities which had been developed from listening to the views of the people. People were aware of how to make a complaint and spoke positively about the staff and registered manager's practice of acting quickly to deal with any concerns raised.

Systems were in place to ensure the service was managed effectively and to monitor the quality of the service provided. People and relatives reported the service was run by knowledgeable and responsive staff with an open culture to listen to their views.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ashmore Nursing 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.

This unannounced comprehensive inspection visit took place on 31 July 2017.

The inspection team consisted of two inspectors 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 our inspection we looked at information that had been sent to us by the registered manager. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR 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 spoke with nine people who used the service and six relatives. We also spoke with the registered manager, one qualified nurse, chef, three members of care staff and one member of the activities staff.

During our inspection we used the Short Observation Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed staff interactions with the people in their care and looked at care records of seven people who lived at the service, staff recruitment and training records plus arrangements for meal provision. We also viewed staffing rotas with regard to people's assessed needs, the recorded complaints and compliments, medicine records and audits of care.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they felt safe and secure living at the service. Staff knew how to keep people safe and protect people from harm. One person told us, "I have lived here a long time now, I have never felt unsafe." Another person said, "They [the staff] are so kind and careful, I'm never 'not' safe." Another person said, "There are always two staff to help me."

People were kept safe from the risks of abuse as processes were in place and staff had received training which enabled them to recognise signs of abuse and how to report and act upon concerns. A member of staff told us, "We have been given training about safeguarding and how to care for people. The nurses are very good and they help and support us."

Each person had a risk assessment which was reviewed regularly and the supporting care plan had been written clearly to inform the staff of the action to take to keep the person safe. Staff were knowledgeable about the risks to each person and how these risks were to be managed. This included risks assessments to reduce choking, pressure ulcers and falls.

Each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

Prior to any member of staff commencing at the service pre-employment checks were completed. The staff files contained evidence of proof of identity, disclosure and barring service checks, employment histories and that the qualified nurses were up to date with their nursing registration.

People were supported by sufficient members of nursing and care staff to meet their assessed needs. We saw the registered manager used a dependency tool to determine the number of staff required to meet the needs of the people. One person told us, "The staff are not rushed they always come when I call and always spend time chatting to me." We noted throughout the inspection that call bells were answered quickly and staff were not rushing at anytime. This meant there were sufficient members of staff to provide the care required to meet people's needs.

People told us that they received their medicines on time. One person told us, "I always get my tablets regularly; in the morning and at tea time." Nurses told us and records confirmed they had undertaken medicine training and competency assessments to ensure they were able to administer people's medicines safely. The clinic room was well organised and stocked with the equipment required in a nursing home which was routinely checked to ensure it was in working order.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us that the staff had the skills and knowledge to care for them and this was confirmed by relatives. One person told us, "The staff know what they are doing." We saw the training that had been delivered and the further training arranged for the staff. The registered manager explained how they had revalidated their nursing registration with the Nursing and Midwifery Council so that they remained fit to practice as a qualified nurse. In turn they had supported the nursing staff with their revalidation. A member of staff told us about the training they had completed. They said, "I learnt about manual handling from our training and received a lot of support from watching other staff and then being supported with a nurse watching me when I first did this."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. People's capacity was assessed and consideration was given to making a DoLS referral where necessary. Advice was sought in situations where it was not conclusive.

People told us that they enjoyed their meals; they had two choices for dinner and were able to ask for an alternative if they did not want what was on the menu. One person told us, "The food is well cooked, I enjoy my meals." Another person said, "We get a choice, it's cooked alright, I have seconds if I fancy it." The service had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were not able to eat their meal unaided they were offered support to eat. Specialist cutlery, plates and cups were available to make it easier for people to stay independent while they were eating. This meant that people could continue to maintain their independence and helped to ensure that people got the food they needed to stay well.

People's care records showed that their day to day health needs were being met and that they had access to

healthcare professionals according to their specific needs. The staff had regular contact with GP surgeries that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals. One person told us that, "I see the doctor if I need to, they [the staff] make sure of that."

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People felt that staff treated them well and that they were kind and caring. One person said, "Everyone who works here is caring and kind." Relatives informed us there were no restrictions on relatives visiting people. A relative told us, "We can visit whenever we want. The staff are always friendly and welcoming when we come."

When staff spoke with people they were open and friendly, we saw there was an atmosphere of light-heartedness and laughs. Staff sought permission before they entered people's rooms. When they were invited in they entered with a bright greeting and people responded in the same way. There was a strong level of familiarity and friendship. One person told us, "I didn't want to come here, but now I'm so glad I'm here. [The staff] are absolutely brilliant. They look after me so well, they never say no, nothing is too much trouble for them."

People received care from staff who had worked with them and their families to make a homely environment. Everywhere was clean and decorated. The registered manager was working with the people to develop the communal areas of the new extension. People were supported to choose how they furnished and made their own room personal to them as they chose. This was to empower people as per the service's philosophy to promote people's independence and choice.

Where possible people participated in creating their own personal care plans so that they met their individual needs and preferences. Staff explained to us how they supported people to express their views and to make decisions about their day to day activities and the nursing care they received.

People received care which was respectful of their rights to privacy and maintained their dignity. During the inspection staff were sensitive and understanding to people's individual needs and promoted their independence. A member of staff explained how they helped a person with personal care so the person maintained their independence as much as possible while the member of staff remained present to ensure the person's safety.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they were happy with the standard of care they received. Care plans recorded information about the person's likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence regarding choosing their own clothes, what to eat and when to get up and go to bed. This meant that the care plans were clearly written and had been reviewed and updated to reflect people's changing needs and preferences.

Different activities and outings were planned and staff worked together in making sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. During our inspection we saw people participating in individual activities of their choice and an afternoon session of bingo that people said they enjoyed and looked forward to. There was a planned programme of activities displayed around the service. One person told us, "I like the quizzes and trips." Another person told us, "They have a religious service every month which I like."

People had been provided with a copy of the complaints system upon joining the service which was also available in the reception area. One person told us, "I am asked at my review if I have any complaints but I never have, food is lovely and the staff are kind."

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make a complaint it would be handled quickly and dealt with properly. When asked if they had needed to complain about the service, one person said, "I haven't needed to complain, staff help me if I need to have a grumble." A relative told us, "No complaints, we are very satisfied with the care [my relative] receives."

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

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.

People spoke highly of the registered manager. One person told us, "The manager sets a very positive tone, always pleasant and wanting to do the best for people." Another person told us, "The manager leads by example, does everything that everyone else does."

People received care in a homely environment where staff placed people's care first and foremost. The registered manager promoted a culture which placed the emphasis on individualised care in a relaxed and homely environment. We saw the nursing care was well planned and was supported by the daily records for people's care interventions being up to date.

The management staff were involved in all aspects of the service and were accessible to people, relatives and staff. The staff interaction with people and with each other was observed to be friendly and positive and both people and relatives spoke of the good relationships and friendly environment in the home. One relative said, "It's the best home [my relative] has been in." Another relative said, "The staff's relationship with the management is good and that goes a long way to providing the right care." A member of staff told us, "I really like working here." They explained that the manager and nurses worked with the care staff as part of the same team and that the manager was available and supportive. Another member of staff informed us that there were always enough staff on duty for the people and that supervision, appraisals, training and rota were all well planned in advance.

Quality auditing processes were in place to monitor and plan any actions required to ensure a safe quality service was delivered to the people. We saw that monthly audits were carried out and the registered manager with the senior team planned resulting actions to be taken in a timely manner. There were also audits of medicines plus health and safety checks of the service to monitor and drive improvements to the service.